FORM CEC COUNTY EXECUTIVE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The CEC Instruction Guide explains how to complete this form. 174 00059802 3 COMMITTEE NAME **OFFICE USE ONLY** Bexar County Democratic Party (CEC) Date Received **ELECTRONICALLY FILED** 07/14/2023 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 12534 Date Hand-delivered or Date Postmarked Change of Address San Antonio, TX 78212 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Gloria G. NAME NICKNAME LAST **SUFFIX** Gutierrez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 9115 Blockade Dr. STREET **ADDRESS** (Residence or Business) San Antonio, TX 78240 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 9115 Blockade Dr. MAILING **ADDRESS** San Antonio, TX 78240 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 366-9463 PHONE REPORT January 15 30th day before election Final Report **TYPE** 10th day after campaign treasurer 8th day before election July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE & TOTALS

FORM CEC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Bexar County Democra	tic Party (CEC)		00059802	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOAN CONTRIBUTIONS	ZED POLITICAL CONTRIBUTIONS (OTHER THAN S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) ort qualifies for the higher itemization threshold	\$	574.00
		CAL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,800.07
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITION	CAL EXPENDITURES	\$	46,569.21
CONTRIBUTION BALANCE	5. TOTAL POLITICA OF THE REPORT	L CONTRIBUTIONS MAINTAINED AS OF THE LAST ING PERIOD	DAY \$	29,142.26
OUTSTANDING LOAN TOTALS		AL AMOUNT OF ALL OUTSTANDING LOANS AS OF T E REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Gloria	G. Gutierrez	
		Signature of Car		
AFFIX NOTARY	STAMP / SEAL ABOV	E		
Sworn to and subscribed	before me, by the said	, th	nis the	day
of	_, 20, to certi	fy which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3 3 of 174

				3 of 174				
17 COMMITTE	EE NAME	18 Filer ID	(Ethics Co	ommission Filers)				
Bexar Cou								
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22,686.07				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	114.00				
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X	SCHEDULE E: LOANS		\$	0.00				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	6	\$	46,569.21				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
10. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	483.20				

The Instruction Guide explains how to complete this form. 2 FILER NAME Bexar County Democratic Party (CEC)	 1 Total pages Schedule A1: Sch: 1/98 Rpt: 4/174 3 Filer ID (Ethics Commission Filers) 00059802 7 Amount of Contribution (\$) \$8.00
Bexar County Democratic Party (CEC) 4 Date	00059802 7 Amount of Contribution (\$)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Aguirre, Barbara	7 Amount of Contribution (\$)
06/26/2023 Aguirre, Barbara	7 Amount of Contribution (\$) \$8.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78228	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Administrator MACRI	,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/26/2023 Aguirre, Barbara	\$15.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78228	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Administrator MACRI	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/30/2023 Alaniz, Linda	\$25.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Self employed Consultant	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/03/2023 Alaniz, Linda	\$25.00
Contributor address; City; State; Zip Code	
Con Arteria TV 70040	
San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Self employed Employer (See Instructions) Consultant)
	Assessment of Octobility (D)
Date Full name of contributor out-of-state PAC (ID#:) 03/29/2023 Alaniz, Linda	Amount of Contribution (\$) \$25.00
	Ψ23.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78240	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Self employed Consultant	
-	

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 2/98 Rpt: 5/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 05/05/2023	 Full name of contributor out-of-state PAC (ID Alaniz, Linda Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	San Antonio, TX 78240 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Self employe			Consultant	,		
	Date 05/31/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78240 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Self employe			Consultant	-,		
	Date 04/27/2023	Full name of contributor out-of-state PAC (ID Alaniz, Linda Contributor address; City; State; Zip Code)#:)	•	Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78240					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 05/26/2023	Full name of contributor out-of-state PAC (ID Alaniz, Linda Contributor address; City; State; Zip Code San Antonio, TX 78240			•	Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID Alaniz, Linda Contributor address; City; State; Zip Code San Antonio, TX 78240				Amount of Contribution (\$)	\$24.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBU	JTIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete	this form.		pages Schedule A1: 3/98 Rpt: 6/174	
	FILER NAME			1	D (Ethics Commission	n Filers)
		ty Democratic Party (CEC)		0005		
	Date 05/20/2023			7 Amou	nt of Contribution (\$)	\$5.00
		6 Contributor address; City; State; Zip Code San Antonio, TX 78240				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	<u>l</u> s)		
	Retired		Retired			
_	Date	Full name of contributor out-of-state PA	C (ID#:)	Amou	nt of Contribution (\$)	
	06/22/2023	Alaniz, Linda				\$25.00
		Contributor address; City; State; Zip Code		"		
	Driverine Leave	San Antonio, TX 78240	Francis van (Can Instruction			
	Self employe	pation / Job title (See Instructions)	Employer (See Instruction Consultant	5)		
	Date 06/26/2023	Full name of contributor out-of-state PAG Alaniz, Linda	C (ID#:)	Amou	nt of Contribution (\$)	\$15.00
	00/20/2023			.		Ψ13.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Self employe	ed	Consultant			
	Date	Full name of contributor ut-of-state PAG	C (ID#:)	Amou	nt of Contribution (\$)	
	04/24/2023	Alcantara, Monica				\$25.00
		Contributor address; City; State; Zip Code		Ϊ		
		San Antonio, TX 78255				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Paralegal	,	Trial Assist	-,		
	Date	Full name of contributor out-of-state PA	C. (ID#:)	I Amou	int of Contribution (\$)	
	05/05/2023	Alvarado, Rosemarie	J (12)		(4)	\$50.00
		Contributor address; City; State; Zip Code		-		
		San Antonio, TX 78247				
		pation / Job title (See Instructions)	Employer (See Instruction	s)		
			I Ctoto of Toyon			
	State Judge		State of Texas			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/98 Rpt: 7/174	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 05/31/2023	Full name of contributor		7	Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78247				
8	Principal occu State Judge	pation / Job title (See Instructions)	9 Employer (See Instructions State of Texas	i)		
	Date 06/22/2023	Full name of contributor out-of-state PAC (ID#: Alvarado, Rosemarie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Deinsinal assu	San Antonio, TX 78247	Francisco (Con Instructions	_		
	State Judge	pation / Job title (See Instructions)	Employer (See Instructions State of Texas	5)		
	Date 05/10/2023	Full name of contributor out-of-state PAC (ID#: Alvarado Brown, Maria Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78216				
	Principal occu Student	pation / Job title (See Instructions)	Employer (See Instructions None	i)		
	Date 05/31/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78255 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Woman-own	ed Business	FirStop LLC			
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#: Ardiente, Nicolette Contributor address; City; State; Zip Code SAN ANTONIO, TX 78256			Amount of Contribution (\$)	\$22.00
	Principal occu Sr Sales Adı	pation / Job title (See Instructions)	Employer (See Instructions Visit San Antonio	5)		
			1			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 5/98 Rpt: 8/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	Filers)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	03/03/2023	Ardiente, Nicolette				· ,	\$22.00
		6 Contributor address; City; State	e; Zip Code				
		SAN ANTONIO, TX 78256					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	Sr Sales Adr	min 		Visit San Antonio			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/21/2023	Ardiente, Nicolette					\$22.00
		Contributor address; City; State	e; Zip Code				
		SAN ANTONIO, TX 78256					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Sr Sales Adr	min		Visit San Antonio			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/19/2023	Ardiente, Nicolette					\$22.00
		Contributor address; City; State SAN ANTONIO, TX 78256	e; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Sr Sales Adr			Visit San Antonio	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/31/2023	Ardiente, Nicolette	- Car C. State : 718 (1571)	,		(+)	\$22.00
		Contributor address; City; State	e; Zip Code				
		SAN ANTONIO, TX 78256					
	Principal occu Sr Sales Adr	pation / Job title (See Instructions) min		Employer (See Instructions Visit San Antonio	i)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/22/2023	Ardiente, Nicolette					\$22.00
		Contributor address; City; State	e; Zip Code				
		SAN ANTONIO, TX 78256	,		_		
	Principal occu Sr Sales Adr	pation / Job title (See Instructions) min		Employer (See Instructions Visit San Antonio	i)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	m.	1	Total pages Schedule A1: Sch: 6/98 Rpt: 9/174	
2	FILER NAME	y Domocratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	Filers)
_		y Democratic Party (CEC)	_		Ļ		
4	Date 06/15/2023	Full name of contributor Arevalos, Andrea Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code)	' 	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78254					
8	Principal occu Attorney	pation / Job title (See Instructions	s) 9	Employer (See Instructions Bexar County	s)		
	Date 01/24/2023	Full name of contributor Arevloas, Andrea Contributor address; City; S	out-of-state PAC (ID#:)	-	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78254					
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions Bexar County	s)		
	Date 03/03/2023	Full name of contributor Arevloas, Andrea Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78254					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	s)		
	Attorney			Bexar County			
	Date 03/14/2023	Full name of contributor Arevloas, Andrea Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78254					
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions Bexar County	s)		
	Date 04/10/2023	Full name of contributor Arevloas, Andrea Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code			Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78254					
	Principal occu Attorney	pation / Job title (See Instructions	s)	Employer (See Instructions Bexar County	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/98 Rpt: 10/174	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	on Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#	<u>t</u> .	7	Amount of Contribution (\$)	
•	05/16/2023	Arevloas, Andrea		ľ	, another of contribution (c)	\$10.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78254				
8	Principal occu Attorney	pation / Job title (See Instructions)	9 Employer (See Instructions Bexar County	i)		
	Date	Full name of contributor ut-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	01/30/2023					\$6,811.57
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78212				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date	Full name of contributor ut-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	05/05/2023	Baiza, Matthew				\$5.00
		Contributor address; City; State; Zip Code				
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Not employe		Not employed	')		
	Date	Full name of contributor ut-of-state PAC (ID#	÷:)		Amount of Contribution (\$)	
	02/02/2023	Baker, William				\$20.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	HR Director		SWISD			
	Date	Full name of contributor uut-of-state PAC (ID#	t:)		Amount of Contribution (\$)	
	03/03/2023					\$20.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247				
	•	pation / Job title (See Instructions)	Employer (See Instructions)		
	HR Director		SWISD			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/98 Rpt: 11/174	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)			00059802	
4	Date 03/29/2023	5 Full name of contributor out-of-state PAC (ID#:	_	7	Amount of Contribution (\$)	\$20.00
		6 Contributor address; City; State; Zip Code				
_		San Antonio, TX 78247	T	<u> </u>		
8	Principal occu HR Director	pation / Job title (See Instructions)	Employer (See Instructions SWISD	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/05/2023	Baker, William				\$20.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247	1			
	Principal occu HR Director	pation / Job title (See Instructions)	Employer (See Instructions SWISD	s)		
	Date	Full name of contributor ut-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	05/31/2023	Baker, William	,		,	\$20.00
		Contributor address; City; State; Zip Code		•		
		San Antonio, TX 78247				
	Principal occu HR director	pation / Job title (See Instructions)	Employer (See Instructions Swisd	s)		
	Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/22/2023	Baker, William				\$20.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	HR director		Swisd			
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>		Amount of Contribution (\$)	
	02/02/2023	Barnett, Claire				\$10.00
		Contributor address; City; State; Zip Code				
		SAN ANTONIO, TX 78231				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 9/98 Rpt: 12/174	
2	FILER NAME	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 03/03/2023	Full name of contributor		7	Amount of Contribution (\$)	\$10.00
_		SAN ANTONIO, TX 78231	1	<u> </u>		
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	s)		
	Date 03/29/2023	Full name of contributor out-of-state PAC (ID#:_Barnett, Claire Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	SAN ANTONIO, TX 78231 upation / Job title (See Instructions)	Employer (See Instructions	<u>:)</u>		
	Not Employe		Not Employed	٠,		
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#:_ Barnett, Claire Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.00
		SAN ANTONIO, TX 78231				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	S)		
	Date 05/31/2023	Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$10.00
	Principal occu	SAN ANTONIO, TX 78231 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe	ed	Not Employed			
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_Barnett, Claire Contributor address; City; State; Zip Code SAN ANTONIO, TX 78231		•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Not Employe	ed	Not Employed			

	MONEI	ARY POLITICAL CO	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 10/98 Rpt: 13/174	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		y Democratic Party (CEC)	_		L	00059802	
4	Date 05/31/2023	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Dianiant	San Antonio, TX 78212-155		Faralassa (Ossalastassiassa			
8	Not Employe			Employer (See Instructions Not Employed	5) 		
	Date 01/30/2023	Full name of contributor Bogert, Tracy Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$10.00
	Dringing conu	Von ormy, TX 78073 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	Journeyman			United Association of pla		bers and pipefitters	
	Date 03/03/2023	Full name of contributor Bogert, Tracy Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$10.00
		Von ormy, TX 78073					
	Principal occu Journeyman	pation / Job title (See Instructions) plumber		Employer (See Instructions United Association of pla	•	bers and pipefitters	
	Date 03/29/2023	Full name of contributor Bogert, Tracy Contributor address; City; Stat Von ormy, TX 78073	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>L</u> 5)		
	Journeyman	plumber		United Association of pl	um	bers and pipefitters	
	Date 05/05/2023	Full name of contributor Bogert, Tracy Contributor address; City; Stat Von ormy, TX 78073	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Journeyman	plumber		United Association of pl	um	bers and pipefitters	

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 11/98 Rpt: 14/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)			3 Filer ID (Ethics Commission Fi 00059802	lers)
4	Date 05/31/2023	5 Full name of contributor Bogert, Tracy6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code		7 Amount of Contribution (\$)	\$10.00
8	Princinal occu	Von ormy, TX 78073 pation / Job title (See Instructions)	T	Employer (See Instructions	2)	
Ü	Journeyman			United Association of pl		
	Date 06/26/2023	Full name of contributor Bogert, Tracy Contributor address; City; Sta	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 	
	Journeyman			United Association of pl		
	Date 05/31/2023	Full name of contributor Bowman, Mary Ann Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00
	Principal occu	Carlsbad, CA 92011 pation / Job title (See Instructions)		Employer (See Instructions	<u>'</u>	
	Not Employe			Not Employed	<i>')</i>	
	Date 06/26/2023	Full name of contributor Branch, James Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	Amount of Contribution (\$)	\$23.00
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Self	;)	
	Date 01/24/2023	Full name of contributor Camann, David Contributor address; City; Sta	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$10.00
	Principal occu Scientist	pation / Job title (See Instructions)		Employer (See Instructions Southwest Research Ins		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE A1	
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1 Total pages Schedule A1: Sch: 12/98 Rpt: 15/174	
2	FILER NAME	y Domocratic Party (CEC)			3 Filer ID (Ethics Commission Filers) 00059802	
_		y Democratic Party (CEC)	_			
4	Date 02/10/2023	5 Full name of contributor Camann, David6 Contributor address; City; S	out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$10	00
		San Antonio, TX 78239				
8		pation / Job title (See Instructions	s) [9	9 Employer (See Instructions		
	Scientist			Southwest Research In	Institute	
	Date 03/08/2023	Full name of contributor Camann, David Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		Amount of Contribution (\$)	.00
		San Antonio, TX 78239				
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	ons)	
	Scientist			Southwest Research In	Institute	
	Date 04/10/2023	Full name of contributor Camann, David Contributor address; City; S	out-of-state PAC (ID#:)	Amount of Contribution (\$)	.00
		San Antonio, TX 78239				
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	ns)	
	Scientist	(,	Southwest Research In		
	Date 05/16/2023	Full name of contributor Camann, David	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$10	.00
		Contributor address; City; S San Antonio, TX 78239	tate; Zip Code			
	Principal occu Scientist	pation / Job title (See Instructions	5)	Employer (See Instructions Southwest Research In		
	Date 06/15/2023	Full name of contributor Camann, David Contributor address; City; S	out-of-state PAC (ID#:		Amount of Contribution (\$) \$10	.00
		San Antonio, TX 78239				
	Principal occu Scientist	pation / Job title (See Instructions	5)	Employer (See Instructions Southwest Research In		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 13/98 Rpt: 16/174	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
4 Date		5 Full name of contributor out-of-state PAC (ID#:	,	7	Amount of Contribution (\$)	
7	01/24/2023	Camann, Mark 6 Contributor address; City; State; Zip Code	_	ľ	Amount of Continuation (\$)	\$20.00
		San Antonio, TX 78228				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;) 		
Ū	Instructor	pation / cos tale (coe motions)	ACCD	•,		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/10/2023	Camann, Mark				\$20.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78228				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Instructor		ACCD			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/14/2023	Camann, Mark				\$20.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78228				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Instructor		ACCD	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀ20 00
	04/10/2023	Camann, Mark Contributor address; City; State; Zip Code		ŀ		\$20.00
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78228	.			
	Principal occu Instructor	pation / Job title (See Instructions)	Employer (See Instructions ACCD	s)		
				_	A (O 'I' (A)	
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#:_ Camann, Mark)		Amount of Contribution (\$)	\$20.00
	03/03/2023	Contributor address; City; State; Zip Code				Ψ20.00
		Continuation addresses, Gity, Guate, Elp Gode				
	5	San Antonio, TX 78228	1 - 1 (0 1 1 1	Ĺ		
	Principal occu Instructor	pation / Job title (See Instructions)	Employer (See Instructions ACCD	5)		
	ii Structur		1 /1005			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 14/98 Rpt: 17/174	
2	FILER NAME	y Democratic Party (CEC)		3 Filer ID (Ethics Commission 00059802	Filers)
4 Date		5 Full name of contributor out-of-state PAC (ID#	7 Amount of Contribution (\$)		
•	05/31/2023	Camann, Mark 6 Contributor address; City; State; Zip Code		7 Amount of Continuation (c)	\$20.00
		San Antonio, TX 78228			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
_	Scientist	pation 7 oob tale (eee mondotter)	Southwest Research Ins		
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	06/26/2023	Camann, Mark			\$20.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78228			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Instructor		ACCD		
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	05/30/2023	Campa, Laura			\$8.00
		Contributor address; City; State; Zip Code			
	Dringing oggu	San Antonio, TX 78201 pation / Job title (See Instructions)	Employer (See Instructions)	
	Retired	pation 7 Job title (See Instructions)	Employer (See Instructions None)	
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	01/24/2023	Cantu Gonzalez, Samuel			\$20.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78217			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Not Employe	ed	Not Employed		
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of Contribution (\$)	
	03/03/2023	Cantu Gonzalez, Samuel			\$20.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78217			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Not Employe	ed	Not Employed		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 15/98 Rpt: 18/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 03/14/2023	 5 Full name of contributor out-of-state PAC (ID# Cantu Gonzalez, Samuel 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	San Antonio, TX 78217 pation / Job title (See Instructions)	9 Employer (See Instructions	:) 		
0	Not Employe		Not Employed)		
	Date 04/19/2023	Full name of contributor out-of-state PAC (ID# Cantu Gonzalez, Samuel Contributor address; City; State; Zip Code	*:)		Amount of Contribution (\$)	\$20.00
		San Antonio, TX 78217				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 05/16/2023	Full name of contributor out-of-state PAC (ID# Cantu Gonzalez, Samuel Contributor address; City; State; Zip Code	<u>#:)</u>		Amount of Contribution (\$)	\$20.00
		San Antonio, TX 78217				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 01/24/2023	Full name of contributor out-of-state PAC (ID# Caraway, Beatrice Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	·/		
	Not Employe		Not Employed	·)		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID# Caraway, Beatrice Contributor address; City; State; Zip Code San Antonio, TX 78212	±:)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		
	Not Employe	ed	Not Employed			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 16/98 Rpt: 19/174	
2	FILER NAME	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
_		<u> </u>	,	ļ_		
4	Date 03/14/2023	 Full name of contributor out-of-state PAC (ID# Caraway, Beatrice Contributor address; City; State; Zip Code 		ľ	Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78212				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	:) 		
_	Not Employe		Not Employed	۰)		
	Date	Full name of contributor ut-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	04/10/2023	Caraway, Beatrice				\$5.00
		Contributor address; City; State; Zip Code]		
		San Antonio, TX 78212				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe		Not Employed	•		
	Date	Full name of contributor out-of-state PAC (ID#	:)	Т	Amount of Contribution (\$)	
	05/16/2023	Caraway, Beatrice			.,	\$5.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78212				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor ut-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	06/15/2023					\$5.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78212				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	01/30/2023	Castañeda, Carlos				\$5.00
		Contributor address; City; State; Zip Code		1		
		SAN ANTONIO, TX 78209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>s)</u>		
	Not Employe		Not Employed	-,		
_			1			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how t	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 17/98 Rpt: 20/174	
2	FILER NAME	D (050)			3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)	_		L	00059802	
4	Date 01/09/2023	5 Full name of contributor Castillo, Chris 6 Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code)	7	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78221					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Child suppor	t tech II		Attorney General of Tex	as		
	Date 02/10/2023	Full name of contributor Castillo, Chris Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Deinsinal assu	San Antonio, TX 78221		Franksian (Cookastanations	<u></u>		
		pation / Job title (See Instructions)		Employer (See Instructions Attorney General of Tex			
Child support tech II			Allorriey Gerieral or Tex	as			
	Date 03/08/2023	Full name of contributor [Castillo, Chris Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78221					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Child suppor	t tech II		Attorney General of Tex	as		
	Date 04/10/2023	Full name of contributor Castillo, Chris Contributor address; City; Stat	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Child suppor	t tech II		Attorney General of Tex	as		
	Date 05/05/2023	Full name of contributor Castillo, Chris Contributor address; City; Stat San Antonio, TX 78221	out-of-state PAC (ID#: ie; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Child suppor			Attorney General of Tex			
			<u> </u>				

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Fotal pages Schedule A1: Sch: 18/98 Rpt: 21/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)				Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 06/15/2023	5 Full name of contributor Castillo, Chris6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	—	Amount of Contribution (\$)	\$10.00
Ω	Principal occu	San Antonio, TX 78221 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	s)		
0	Child suppor		,	Attorney General of Tex			
	Date 01/24/2023	Full name of contributor Chagani, Farhan Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$5.00
	Deinsinal assu	Converse, TX 78109	, I	Franks var (Caa kastrustiana	<u></u>		
	Analyst	pation / Job title (See Instructions)	Employer (See Instructions XPEL	S)		
	Date 04/20/2023	Full name of contributor Chagoya, Sandra Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$15.00
		San Antonio, TX 78201	-				
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	s)		
	Date 01/30/2023	Full name of contributor Chavez, John Contributor address; City; St San Antonio, TX 78247	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	Principal occu Adjunct Profe	pation / Job title (See Instructions essor)	Employer (See Instructions UTSA	s)		
	Date 03/03/2023	Full name of contributor Chavez, John Contributor address; City; St San Antonio, TX 78247	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu Adjunct Profe	pation / Job title (See Instructions essor)	Employer (See Instructions UTSA	s)		

	MONEI	ARY POLITICAL CONTR	RIBUTION	IS		SCHEDULI	A1
	The Instru	ction Guide explains how to comp	olete this for	n.	1	Total pages Schedule A1: Sch: 19/98 Rpt: 22/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 03/21/2023		ate PAC (ID#:)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu Adjunct Prof	San Antonio, TX 78247 pation / Job title (See Instructions) essor	9	Employer (See Instructions UTSA	5)		
	Date 05/05/2023	Full name of contributor out-of-st Chavez, John Contributor address; City; State; Zip Cod San Antonio, TX 78247	ate PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Adjunct Prof	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 01/24/2023	Full name of contributor out-of-st ClaiborneCarr, Dorothy Diane Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78260 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Not Employe	ed		Not Employed			
	Date 03/03/2023	Full name of contributor out-of-st ClaiborneCarr, Dorothy Diane Contributor address; City; State; Zip Cod San Antonio, TX 78260	ate PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
	Date 03/14/2023	Full name of contributor out-of-st ClaiborneCarr, Dorothy Diane Contributor address; City; State; Zip Coo San Antonio, TX 78260	ate PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		

2 FILER N. Bexar C 4 Date 04/10/20	unty Democratic Party (CEC) 5 Full name of contributor out-of-state F ClaiborneCarr, Dorothy Diane 6 Contributor address; City; State; Zip Code San Antonio, TX 78260 ccupation / Job title (See Instructions) oyed Full name of contributor out-of-state F ClaiborneCarr, Dorothy Diane	PAC (ID#:) 9 Employer (See Instruction Not Employed	1 Total pages Schedule A1: Sch: 20/98 Rpt: 23/174 3 Filer ID (Ethics Commission Filers) 00059802 7 Amount of Contribution (\$) \$25.
Bexar C Date 04/10/20 Principal Not Emp	unty Democratic Party (CEC) 5 Full name of contributor out-of-state For ClaiborneCarr, Dorothy Diane 6 Contributor address; City; State; Zip Code San Antonio, TX 78260 ccupation / Job title (See Instructions) oyed Full name of contributor out-of-state For ClaiborneCarr, Dorothy Diane	9 Employer (See Instructi Not Employed	00059802 7 Amount of Contribution (\$) \$25. tions) Amount of Contribution (\$)
4 Date 04/10/20 8 Principal Not Emp	5 Full name of contributor out-of-state F ClaiborneCarr, Dorothy Diane 6 Contributor address; City; State; Zip Code San Antonio, TX 78260 ccupation / Job title (See Instructions) oyed Full name of contributor out-of-state F ClaiborneCarr, Dorothy Diane	9 Employer (See Instructi Not Employed	7 Amount of Contribution (\$) \$25. tions) Amount of Contribution (\$)
Not Emp	ccupation / Job title (See Instructions) oyed Full name of contributor out-of-state F ClaiborneCarr, Dorothy Diane	Not Employed PAC (ID#:)) Amount of Contribution (\$)
Not Emp	Full name of contributor out-of-state F ClaiborneCarr, Dorothy Diane	Not Employed PAC (ID#:)) Amount of Contribution (\$)
	ClaiborneCarr, Dorothy Diane		
	San Antonio, TX 78260	1	
Principal Not Em	ccupation / Job title (See Instructions) oyed	Employer (See Instructi Not Employed	tions)
Date 06/15/20	Full name of contributor out-of-state F ClaiborneCarr, Dorothy Diane Contributor address; City; State; Zip Code	PAC (ID#:)) Amount of Contribution (\$) \$25.
	San Antonio, TX 78260		
Principal Not Em _l	ccupation / Job title (See Instructions) oyed	Employer (See Instructi Not Employed	tions)
Date 05/05/20		PAC (ID#:)) Amount of Contribution (\$) \$40.
Drincinal	San Antonio, TX 78240 ccupation / Job title (See Instructions)	Employer (See Instructi	tions\
Retired	ecupation 7 300 title (See instructions)	Retired	10113)
Date 05/20/20		PAC (ID#:)) Amount of Contribution (\$) \$20.
Principal Retired	ccupation / Job title (See Instructions)	Employer (See Instructi Retired	tions)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 21/98 Rpt: 24/174	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
4	Date		,	_		
4	01/24/2023	 Full name of contributor out-of-state PAC (ID#: Clifford, Robert Contributor address; City; State; Zip Code 	,	ľ	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78240				
8	Dringinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·/ 		
_	Not Employe		Not Employed	•)		
	Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/10/2023	Clifford, Robert				\$10.00
		Contributor address; City; State; Zip Code				
		Son Antonio TV 79240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	·/_		
	Not Employe		Not Employed)		
				Г	Amount of Contribution (\$)	
	03/14/2023	Full name of contributor out-of-state PAC (ID#:_ Clifford, Robert)		Amount of Contribution (\$)	\$10.00
	03/14/2023					Φ10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/31/2023	Clifford, Robert				\$20.00
		Contributor address; City; State; Zip Code				
		Son Antonio TV 70240				
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	·/ 		
	Not Employe		Not Employed)		
				_	Amount of Contribution (\$)	
	Date 06/22/2023	Full name of contributor out-of-state PAC (ID#:_ Clifford, Robert)		Amount of Contribution (\$)	\$20.00
	0012212023					Φ20.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Not Employe		Not Employed			
_			ı			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/98 Rpt: 25/174	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)			00059802	
4	Date 06/15/2023	5 Full name of contributor out-of-state PAC (ID#:_ Collins, David		7	Amount of Contribution (\$)	\$5.00
		6 Contributor address; City; State; Zip Code San Antonio, TX 78209				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Attorney	,	Self	,		
_	Date	Full name of contributor ut-of-state PAC (ID#:_)	Т	Amount of Contribution (\$)	
	01/30/2023	Comeaux, Bob				\$25.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78232	 	L		
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe		Not Employed	_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#05.00
	03/03/2023	Comeaux, Bob				\$25.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78232				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	d	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	03/21/2023	Comeaux, Bob				\$25.00
		Contributor address; City; State; Zip Code		1		
		San Antonio TV 70222				
	Dringinal occu	San Antonio, TX 78232 pation / Job title (See Instructions)	Employer (See Instructions	-, 		
	Not Employe	,	Not Employed	رد		
	Date	Full name of contributor out-of-state PAC (ID#:_	1 1, 1, 1, 1, 1	Т	Amount of Contribution (\$)	
	05/05/2023	Comeaux, Bob)		Amount of Contribution (\$)	\$25.00
	00/00/2020	Contributor address; City; State; Zip Code		ł		Ψ20.00
		Continuation additions, City, State, Elp Code				
		San Antonio, TX 78232				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	d	Not Employed			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 23/98 Rpt: 26/174	
2	FILER NAME	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
1	Date	5 Full name of contributor out-of-state PAC (ID#:	<u> </u>	7	Amount of Contribution (\$)	
-	05/31/2023	Comeaux, Bob 6 Contributor address; City; State; Zip Code	_	 	Amount of Contribution (4)	\$25.00
		San Antonio, TX 78232				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>L</u>		
	Not Employe		Not Employed	•		
	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	06/26/2023	Comeaux, Bob				\$25.00
		Contributor address; City; State; Zip Code				
	Data da al acces	San Antonio, TX 78232	Faralasaa (Osas kastuustis as	Ĺ		
	Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
				_		
	Date 01/24/2023	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	01/24/2023	Cruz, Anthony				Φ10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78244-1625				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Care Manag	er	CHCS			
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	03/03/2023	Cruz, Anthony				\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78244-1625				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Care Manag		CHCS	''		
	Date	Full name of contributor out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	03/21/2023	Cruz, Anthony			Amount of Contribution (4)	\$10.00
	00,11,1010					720.00
		Communication and cook, only, change, 2.p could				
		San Antonio, TX 78244-1625				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Care Manag	er	CHCS			

	MONEI	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/98 Rpt: 27/174	
2	FILER NAME	A Democratic Party (CEC)			3	Filer ID (Ethics Commission	n Filers)
_		y Democratic Party (CEC)			L	00059802	
4	Date 04/19/2023	5 Full name of contributor Cruz, Anthony6 Contributor address; City; S	out-of-state PAC (ID#: tate; Zip Code		7	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78244-1					
8	Principal occu Care Manag	pation / Job title (See Instructionser	5)	9 Employer (See Instructions CHCS	s) 		
	Date 05/16/2023	Full name of contributor Cruz, Anthony Contributor address; City; S)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	San Antonio, TX 78244-1 pation / Job title (See Instructions		Employer (See Instructions	;) 		
			CHCS	-,			
	Date 06/22/2023	Full name of contributor Cruz, Anthony Contributor address; City; S	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78244-1	625				
	Principal occu Care Manag	pation / Job title (See Instructionser er	s)	Employer (See Instructions CHCS	s)		
			out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00
	Principal occu Husbandry A	pation / Job title (See Instruction: Asst.	5)	Employer (See Instructions SeaWorld	5)		
	Date 01/24/2023	Full name of contributor Daniels, Nancy Contributor address; City; S San Antonio, TX 78217	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu Nurse practit	pation / Job title (See Instructions tioner	5)	Employer (See Instructions Self	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 25/98 Rpt: 28/174	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Bexar Count	y Democratic Party (CEC)			00059802	
4	Date 01/30/2023			7	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code San Antonio, TX 78217				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>. </u>		
	Nurse practi	tioner	Self			
	Date	Full name of contributor ut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	03/03/2023	Daniels, Nancy				\$25.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78217				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Nurse practitioner		Self	-,		
Date Full name of contributor Out-of-state PAC (I		Full name of contributor ut-of-state PAC (ID#:	·)	Π	Amount of Contribution (\$)	
	03/29/2023	Daniels, Nancy			(.,	\$25.00
		Contributor address; City; State; Zip Code		ł		
		San Antonio, TX 78217				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse practi	tioner	Self			
	Date	Full name of contributor ut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	05/05/2023	Daniels, Nancy				\$25.00
		Contributor address; City; State; Zip Code]		
		San Antonio, TX 78217				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Nurse Practi	tioner	self			
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Π	Amount of Contribution (\$)	
	05/31/2023	Daniels, Nancy			`,	\$25.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78217	T	Ĺ		
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nurse Practi	uoner	self			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 26/98 Rpt: 29/174	
2	FILER NAME	Parada de Parto (OFO)		3	Filer ID (Ethics Commission	r Filers)
_		y Democratic Party (CEC)		L	00059802	
4	Date 06/26/2023	5 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78217				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Nurse Practi	tioner	self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/16/2023	DeHoyos, Rosemarie				\$10.00
		Contributor address; City; State; Zip Code		1		
		SANIANTONIO TY 79240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s) 		
	Not Employed		Not Employed	٥,		
	Date	Full name of contributor out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	06/15/2023	DeHoyos, Rosemarie			γιποαπι οι Continbution (φ)	\$10.00
	00,10,1010	Contributor address; City; State; Zip Code				720.00
		SAN ANTONIO, TX 78240	•			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor uut-of-state PAC (ID#:			Amount of Contribution (\$)	
	06/22/2023	Dean, Meredith				\$20.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78230				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	01/09/2023	Dillard, Deborah				\$30.00
		Contributor address; City; State; Zip Code		1		
	Data	San Antonio, TX 78213	I Familia (O. 1. 1. 1.	<u></u>		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Not Employe	eu	Not Employed			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 27/98 Rpt: 30/174	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 02/02/2023	5 Full name of contributor out-of-state PAC (ID#: Dillard, Deborah 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$30.00
_		San Antonio, TX 78213	T			
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)		
	Date 03/03/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Not Employe		Not Employed	,		
	Date 03/29/2023	Full name of contributor out-of-state PAC (ID#: Dillard, Deborah Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78213				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 05/05/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	ed	Not Employed			
	Date 05/31/2023	Full name of contributor out-of-state PAC (ID#: Dillard, Deborah Contributor address; City; State; Zip Code San Antonio, TX 78213)		Amount of Contribution (\$)	\$30.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		

	MONEI	ARY POLITICAL CONTR	RIBUTION	15		SCHEDULE A1	
	The Instruc	ction Guide explains how to comp	olete this for	m.	1	Total pages Schedule A1: Sch: 28/98 Rpt: 31/174	
2	FILER NAME	y Democratic Party (CEC)			3	Filer ID (Ethics Commission Filers) 00059802	
_					<u> </u>		
4	Date 06/26/2023	 Full name of contributor out-of-st Espinosa, Juliet Contributor address; City; State; Zip Cod 	ate PAC (ID#:		' 	Amount of Contribution (\$) \$5.0)0
		San Antonio, TX 78230					
8	Principal occu Teacher Aide	pation / Job title (See Instructions) e	9	Employer (See Instructions YMCA	5)		
	Date	Full name of contributor ut-of-st	ate PAC (ID#:)		Amount of Contribution (\$)	
	01/24/2023	Flores, Jose (Joe)				\$10.0)0
		Contributor address; City; State; Zip Cod	de				
		San Antonio, TX 78230					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		_
	HealthcareAdvisor & Media Consultant MOMENTA PI		MOMENTA PLUS/CLAF	2 0	QUE SI Communications (sole pro	p)	
	Date	Full name of contributor out-of-st	ate PAC (ID#:)		Amount of Contribution (\$)	_
	03/03/2023	Flores, Jose (Joe)				\$10.0)0
		Contributor address; City; State; Zip Coo	de		1		
		San Antonio, TX 78230			Ĺ		_
		pation / Job title (See Instructions) dvisor & Media Consultant		Employer (See Instructions	•	OUE SI Communications (solo pro	n)
	HealthcareA			MOMENTA PLUS/CLAF	1 0	QUE SI Communications (sole pro	p)
	Date	_ _	ate PAC (ID#:)		Amount of Contribution (\$)	
	03/14/2023	Flores, Jose (Joe) Contributor address; City; State; Zip Cod	de			\$10.0)0
		San Antonio, TX 78230					
		pation / Job title (See Instructions)		Employer (See Instructions		OUE CLOs manusications (sale man	\
	HealthcareA	dvisor & Media Consultant		MOMENTA PLUS/CLAF	₹0	QUE SI Communications (sole pro	p)
	Date	–	ate PAC (ID#:)		Amount of Contribution (\$)	
	04/10/2023	Flores, Jose (Joe)				\$10.0)0
		Contributor address; City; State; Zip Cod	de				
		San Antonio, TX 78230					
		pation / Job title (See Instructions)		Employer (See Instructions			_
	HealthcareA	dvisor & Media Consultant		MOMENTA PLUS/CLAF	30	QUE SI Communications (sole pro	p)

	MONEI	ARY POLITICAL CO	ONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to	o complete this for	rm.	1 Total pages Schedule A1: Sch: 29/98 Rpt: 32/174
2	FILER NAME Bexar Count	y Democratic Party (CEC)			3 Filer ID (Ethics Commission Filers) 00059802
4	Date 05/16/2023	Full name of contributor Flores, Jose (Joe)Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7 Amount of Contribution (\$) \$10.00
	Dringing Loggy	San Antonio, TX 78230	I ₀	Employer (Coo Instructions	A
8	HealthcareA	pation / Job title (See Instructions) dvisor & Media Consultant		Employer (See Instructions MOMENTA PLUS/CLAF	RO QUE SI Communications (sole prop
	Date 06/15/2023	Full name of contributor Flores, Jose (Joe) Contributor address; City; State San Antonio, TX 78230	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$10.00
		pation / Job title (See Instructions) dvisor & Media Consultant		Employer (See Instructions MOMENTA PLUS/CLAF	 - RO QUE SI Communications (sole prop
	Date 06/22/2023	Full name of contributor Freudenheim, Ellen Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code		Amount of Contribution (\$) \$10.00
	Principal occu	Brooklyn, NY 11217 pation / Job title (See Instructions)		Employer (See Instructions)
	Not Employe	,		Not Employed	,
	Date 01/24/2023	Full name of contributor Fried, Bruce Contributor address; City; State San Antonio, TX 78209			Amount of Contribution (\$) \$12.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed)
	Date 03/03/2023	Full name of contributor Fried, Bruce Contributor address; City; State San Antonio, TX 78209	out-of-state PAC (ID#:)	Amount of Contribution (\$) \$12.00
	Principal occu Not employe	pation / Job title (See Instructions)		Employer (See Instructions Not employed)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 30/98 Rpt: 33/174	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
_	Date	5 Full name of contributor out-of-state PAC (ID#:		<u> </u>		
4	03/21/2023			ľ	Amount of Contribution (\$)	\$12.00
		San Antonio, TX 78209				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>l</u> ;)		
	Not employe		Not employed	•		
	Date	Full name of contributor out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	04/19/2023	Fried, Bruce			(,)	\$12.00
		Contributor address; City; State; Zip Code				
		·				
		San Antonio, TX 78209				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not employe	d	Not employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/16/2023	Fried, Bruce				\$12.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Not employe	d	Not employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/30/2023	Frogge, Teresa				\$25.00
		Contributor address; City; State; Zip Code				
		04.1				
	Delicational	San Antonio, TX 78251	Faralassa (Osas Instructions	<u></u>		
	Letter Carrie	pation / Job title (See Instructions)	Employer (See Instructions USPS	5)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	ቀንድ ሰብ
	03/03/2023					\$25.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78251				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Letter Carrie	r	USPS			
_			<u> </u>			

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULE	■ A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 31/98 Rpt: 34/174	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Bexar Count	y Democratic Party (CEC)				00059802	
4	Date 03/21/2023	5 Full name of contributor Frogge, Teresa6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	San Antonio, TX 78251 pation / Job title (See Instructions	s)	Employer (See Instructions	 		
	Letter Carrie		, 	USPS	,		
	Date 05/05/2023	Full name of contributor Frogge, Teresa Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78251					
	Principal occu Letter Carrie	pation / Job title (See Instructions r	s) 	Employer (See Instructions USPS	5)		
	Date 05/31/2023	Full name of contributor Frogge, Teresa Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78251					
	Principal occu Letter Carrie	pation / Job title (See Instructions r	s)	Employer (See Instructions USPS	5)		
	Date 06/22/2023	Full name of contributor Frogge, Teresa Contributor address; City; S San Antonio, TX 78251	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$25.00
	Principal occu Letter Carrie	pation / Job title (See Instructions r	s)	Employer (See Instructions USPS	5)		
	Date 01/24/2023	Full name of contributor Garcia, Cynthia Contributor address; City; S San Antonio, TX 78201	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions ess Consultant	s)	Employer (See Instructions Wells Fargo	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/98 Rpt: 35/174	
2	FILER NAME Bexar Count	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 02/10/2023	5 Full name of contributor out-of-state PAC (ID#:_ Garcia, Cynthia 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00
_	<u> </u>	San Antonio, TX 78201				
8		upation / Job title (See Instructions) ess Consultant	9 Employer (See Instructions Wells Fargo			
	Date 03/14/2023	Full name of contributor out-of-state PAC (ID#:_ Garcia, Cynthia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78201 upation / Job title (See Instructions)	Employer (See Instructions	7		
Sr. IT Business Consultant Wells Fargo			·)			
	Date 04/10/2023	Full name of contributor out-of-state PAC (ID#:_ Garcia, Cynthia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		San Antonio, TX 78201				
	•	pation / Job title (See Instructions) ess Consultant	Employer (See Instructions Wells Fargo	5)		
	Date 04/19/2023	Full name of contributor out-of-state PAC (ID#:_ Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240			Amount of Contribution (\$)	\$10.00
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions none	5)		
	Date 05/16/2023	Full name of contributor out-of-state PAC (ID#:_Garcia, Jesse Contributor address; City; State; Zip Code San Antonio, TX 78240			Amount of Contribution (\$)	\$10.00
	Principal occu not employe	pation / Job title (See Instructions)	Employer (See Instructions none	()		

	MONEI	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how to	complete this for	n.	1	Total pages Schedule A1: Sch: 33/98 Rpt: 36/174		
2	FILER NAME	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	Filers)	
_					_			
4	Date 06/15/2023	5 Full name of contributor Garcia, Jesse6 Contributor address; City; State;	out-of-state PAC (ID#: Zip Code)	1	Amount of Contribution (\$)	\$10.00	
8	Principal occu	San Antonio, TX 78240 pation / Job title (See Instructions)	I a	Employer (See Instructions	<u> </u>			
Ŭ	Not Employe		ľ	Not Employed	,			
	Date 06/26/2023		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00	
		San Antonio, TX 78240						
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions State Farm)			
	Date 04/20/2023	Full name of contributor Garza, John Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		San Antonio, TX 78213						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	Retired			Retired				
	Date 05/05/2023	Full name of contributor Garza, Natalie Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00	
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self)			
	Date 04/25/2023	Garza, Rachel Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	San Antonio, TX 78253 pation / Job title (See Instructions)		Employer (See Instructions Retired)			

The Ir				
	struction Guide explains how to complete thi	is form.	1 Total pages Schedule A1: Sch: 34/98 Rpt: 37/174	
2 FILER I	IAME County Democratic Party (CEC)		3 Filer ID (Ethics Commission 00059802	ı Filers)
4 Date 03/03/2	5 Full name of contributor out-of-state PAC (II		7 Amount of Contribution (\$)	\$22.00
8 Princin:	Long Beach, CA 90802 I occupation / Job title (See Instructions)	9 Employer (See Instructions)	1	
	ive Assistant	Human-I-T)	
Date 05/31/2	Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$)	\$10.00
Principa	San Antoniko, TX 78261 I occupation / Job title (See Instructions)	Employer (See Instructions))	
	s Consultant	Emyan Strategies	,	
Date 06/22/2	Full name of contributor out-of-state PAC (II CO23 Gonzalez , Veronica Contributor address; City; State; Zip Code	D#:)	Amount of Contribution (\$)	\$10.00
Deinain	San Antonio, TX 78261	Franks on (Can Instruction)		
	l occupation / Job title (See Instructions) s Consultant	Employer (See Instructions) Emyan Strategies)	
Date 01/30/2	· · · · · · · · · · · · · · · · · · ·	D#:)	Amount of Contribution (\$)	\$20.00
	San Antonio, TX 78209			
Principa Not En	l occupation / Job title (See Instructions) ployed	Employer (See Instructions) Not Employed		
Date 03/03/2	Full name of contributor out-of-state PAC (II Goodman, John Contributor address; City; State; Zip Code San Antonio, TX 78209	D#:)	Amount of Contribution (\$)	\$20.00
	I occupation / Job title (See Instructions)	Employer (See Instructions) Not Employed)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 35/98 Rpt: 38/174	
2	FILER NAME Bexar Count	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 03/29/2023	Full name of contributor		7	Amount of Contribution (\$)	\$20.00
		San Antonio, TX 78209				
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	s)		
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#: Goodman, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	San Antonio, TX 78209 upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Not Employe		Not Employed	-,		
	Date 05/31/2023	Full name of contributor)	•	Amount of Contribution (\$)	\$20.00
		San Antonio, TX 78209				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#: Goodman, John Contributor address; City; State; Zip Code San Antonio, TX 78209)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe	ed	Not Employed			
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#: Gray, Jeremy Contributor address; City; State; Zip Code San Antonio, TX 78215		•	Amount of Contribution (\$)	\$10.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions San Antonio ISD	<u>. </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 36/98 Rpt: 39/174	
2	FILER NAME			3	Filer ID (Ethics Commission	r Filers)
		y Democratic Party (CEC)			00059802	
4	Date 03/03/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78215				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>L</u>		
	Teacher	,	San Antonio ISD	,		
_	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Π	Amount of Contribution (\$)	
	03/21/2023	Gray, Jeremy	,		(+)	\$10.00
		, , , , , , , , , , , , , , , , , , ,				
		San Antonio, TX 78215				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Teacher		San Antonio ISD			
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	05/05/2023	Gray, Jeremy				\$10.00
		Contributor address; City; State; Zip Code				
	Data da al acces	San Antonio, TX 78215	F	Ĺ		
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions San Antonio ISD	5)		
		-		_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	***
	05/31/2023					\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78215				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	Teacher	,	San Antonio ISD	,		
	Date	Full name of contributor	<u> </u>	Π	Amount of Contribution (\$)	
	06/27/2023	Guerra, Rosamaria			7 61	\$6.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78229				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		None			
_						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 37/98 Rpt: 40/174	
2	FILER NAME Bexar Count	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
4	Date 06/02/2023	 Full name of contributor out-of-state PAC (ID#:_Guerra, Rosamaria Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$0.25
_	5	San Antonio, TX 78229	10 - 1 (0 1 1 1			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions None)		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Gutierrez, Gloria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	SAN ANTONIO, TX 78240 spation / Job title (See Instructions)	Employer (See Instructions)		
	none	parent for the (coe menders)	none	,		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID#:_ Gutierrez, Gloria Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		SAN ANTONIO, TX 78240				
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none)		
	Date 03/29/2023	Full name of contributor out-of-state PAC (ID#:_ Gutierrez, Gloria Contributor address; City; State; Zip Code SAN ANTONIO, TX 78240			Amount of Contribution (\$)	\$25.00
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none)		
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#:_Gutierrez, Gloria Contributor address; City; State; Zip Code SAN ANTONIO, TX 78240			Amount of Contribution (\$)	\$25.00
	Principal occu none	pation / Job title (See Instructions)	Employer (See Instructions none)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/98 Rpt: 41/174	
2	FILER NAME	D (050)		3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)			00059802	
4	Date 05/31/2023	5 Full name of contributor out-of-state PAC (ID#:_ Gutierrez, Gloria		7	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78240				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	., 		
	none	pation 7 300 title (See Instructions)	none	•)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/18/2023	Gutierrez, Gloria				\$25.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
	Retired	,	Retired	,		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/19/2023	Gutierrez, Gloria				\$25.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	04/26/2023	Gutierrez, Gloria				\$25.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/26/2023	Gutierrez, Gloria				\$15.00
		Contributor address; City; State; Zip Code				
		SAN ANTONIO, TX 78240				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		none			

MON	ETARY	POLITICAL C	ONTRIBUTIO	DNS		SCHEDULE	■ A1
The Ins	struction G	uide explains how	to complete this f	orm.	1	1 Total pages Schedule A1: Sch: 39/98 Rpt: 42/174	
2 FILER N		(OFO)			3	Filer ID (Ethics Commission	Filers)
		cratic Party (CEC)	_		L	00059802	
4 Date 06/27/20)23 Guti		out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$36.00
		ributor address; City; St					
9 Dringing		I ANTONIO, TX 78240		6 Employer (See Instructions	<u></u>		
8 Principal Retired	occupation / c	lob title (See Instructions)	1	9 Employer (See Instructions none	>)		
Date	1	name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/26/20)23 Guti	errez, Gloria					\$15.00
	Cont	tributor address; City; Sta					
	SAN	I ANTONIO, TX 78240)				
Principal	occupation / 3	lob title (See Instructions))	Employer (See Instructions	s)		
Retired				none			
Date	Full	name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
06/26/20	023 Guti	errez, Gloria					\$25.00
		ributor address; City; St	·				
Dringing		I ANTONIO, TX 78240		Employer (See Instructions	<u>'</u>		
Retired	occupation / c	lob title (See Instructions)	1	Employer (See Instructions none	>)		
Date		name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
05/04/20)23 Guz	man, Eva					\$20.00
	Con	ributor address; City; St					
	San	Antonio, TX 78247					
Principal	occupation / 3	lob title (See Instructions))	Employer (See Instructions	s)		
Retired				None			
Date	Full	name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
03/03/20)23 Guz	man, Eva					\$30.00
	Con	tributor address; City; Sta	ate; Zip Code				
	San	Antonio, TX 78247					
Principal Retired	occupation / 3	lob title (See Instructions))	Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 40/98 Rpt: 43/174	
2	FILER NAME	D		3	Filer ID (Ethics Commission	n Filers)
		y Democratic Party (CEC)		L	00059802	
4	Date 05/05/2023	5 Full name of contributor out-of-state PAC (ID#: Guzman, Eva		7	Amount of Contribution (\$)	\$100.00
		6 Contributor address; City; State; Zip Code San Antonio, TX 78247				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	:) 		
0	Retired	pation / 300 title (See Instructions)	Retired	•)		
	Date	Full name of contributor uut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/20/2023	Guzman, Eva				\$5.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247	_			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:			Amount of Contribution (\$)	
	05/20/2023	Guzman, Eva				\$20.00
		Contributor address; City; State; Zip Code				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Retired	pation / 300 title (See Instructions)	Retired	•)		
	Date	Full name of contributor uut-of-state PAC (ID#:			Amount of Contribution (\$)	
	05/20/2023					\$30.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/22/2023	Guzman, Eva				\$15.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	15		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 41/98 Rpt: 44/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	r Filers)
4	Date 01/24/2023	 5 Full name of contributor HILL, JOHN 6 Contributor address; City; Sta 	out-of-state PAC (ID#: tte; Zip Code		7	Amount of Contribution (\$)	\$10.00
8	Principal occu Not Employe	San Antonio, TX 78213 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> ;)		
	Date 03/03/2023	Full name of contributor HILL, JOHN Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 03/21/2023	Full name of contributor HILL, JOHN Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu	San Antonio, TX 78213 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe			Not Employed	,		
Date 04/19/2023		Full name of contributor HILL, JOHN Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u> </u> 5)		
	Date 05/16/2023	Full name of contributor HILL, JOHN Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
_							

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this for	m.	1	Total pages Schedule A1: Sch: 42/98 Rpt: 45/174	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Bexar Count	y Democratic Party (CEC)			L	00059802	
4	Date 06/22/2023	5 Full name of contributor HILL, JOHN6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
_		San Antonio, TX 78213)				
8	Not Employe		9	Employer (See Instructions Not Employed	5)		
	Date 02/02/2023	Full name of contributor Hansen, Katrinka Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Deinsinal sass	San Antonio, TX 78245	<u>, </u>	Empleyer (Coo Instructions	<u>, </u>		
	appraisal	pation / Job title (See Instructions	5)	Employer (See Instructions Bexar County	5)		
	Date 03/03/2023	Full name of contributor Hansen, Katrinka Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78245					
	Principal occu appraisal	pation / Job title (See Instructions	5)	Employer (See Instructions Bexar County	5)		
	Date 03/29/2023	Full name of contributor Hansen, Katrinka Contributor address; City; S San Antonio, TX 78245	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu appraisal	pation / Job title (See Instructions	5)	Employer (See Instructions Bexar County	5)		
	Date 05/05/2023	Full name of contributor Hansen, Katrinka Contributor address; City; S San Antonio, TX 78245	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu appraisal	pation / Job title (See Instructions	5)	Employer (See Instructions Bexar County	5)		

San Antonio, TX 78245 8 Principal occupation / Job title (See Instructions) appraisal Date Full name of contributor out-of-state PAC (ID#:		MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
Bexar County Democratic Party (CEC)		The Instru	ction Guide explains how to complete this	form.	1		
4 Dete 5 Full name of contribution our-of-state PAC (IDH: 7 Amount of Contribution (S) Hansen, Katrinka 9 Employer (See Instructions) Appraisal Full name of contribution our-of-state PAC (IDH:) Amount of Contribution (S) Amount of Contribution (S) Bexar County Amount of Contribution (S) Amount of Contribution (S) Bexar County Amount of Contribution (S) Amount of Contribution (S) San Antonio, TX 78204 Full name of contribution our-of-state PAC (IDH:) Amount of Contribution (S) San Antonio, TX 78204 Full name of contribution our-of-state PAC (IDH:) Amount of Contribution (S) San Antonio, TX 78204 Full name of contribution our-of-state PAC (IDH:) Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contribution our-of-state PAC (IDH:) Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Full name of contribution our-of-state PAC (IDH:) Principal occupation / Job title (See Instructions) Not Employed Pate Full name of contribution our-of-state PAC (IDH:) Principal occupation / Job title (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Principal occupation / Job title (See Instructions) See Instructions See Ins	2		Democratic Party (CEC)		3		Filers)
## Amount of Contribution (\$) ## Amount of Contribution (\$)	_		- · · · · · -		L		
San Antonio, TX 78245 8 Principal occupation / Job title (See Instructions) appraisal Date Full name of contributor out-of-state PAC (ID#:	4		Hansen, Katrinka		7	Amount of Contribution (\$)	\$5.00
8 Principal occupation / Job title (See Instructions) appraisal Date							
Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)	8	Principal occu		9 Employer (See Instructions	;) 		
O3/08/2023 Hassele, Roberta \$20.00 Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:	•				,		
Contributor address; City; State; Zip Code San Antonio, TX 78204		Date	Full name of contributor out-of-state PAC (ID#:	· :)		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:		03/08/2023					\$20.00
Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:							
Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:							
Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:							
Date Full name of contributor out-of-state PAC (ID#:				1	L		
Date Full name of contributor out-of-state PAC (ID#:					5)		
O4/10/2023 Hassele, Roberta \$20.00 Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date O5/05/2023 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date O5/31/2023 Hassele, Roberta Date O5/31/2023 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Not Employed Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$) San Antonio, TX 78204 Principal occupation / Job title (See Instructions) San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions) San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Not Employe		Not Employed	_		
San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date 05/05/2023 Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date O5/31/2023 Full name of contributor out-of-state PAC (ID#: O5/31/2023 Hassele, Roberta Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) San Antonio, TX 78204 Principal occupation / Job title (See Instructions) San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions))		Amount of Contribution (\$)	
San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date 05/05/2023 Full name of contributor out-of-state PAC (ID#:		04/10/2023	Hassele, Roberta				\$20.00
Principal occupation / Job title (See Instructions) Not Employed Date O5/05/2023 Hassele, Roberta Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Date O5/31/2023 Full name of contributor out-of-state PAC (ID#: San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Amount of Contribution (\$) Amount of Contribution (\$) \$20.00 Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$20.00 \$20.00 Employer (See Instructions)			Contributor address; City; State; Zip Code				
Principal occupation / Job title (See Instructions) Not Employed Date O5/05/2023 Hassele, Roberta Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Not Employed Principal occupation / Job title (See Instructions) Not Employed Date O5/31/2023 Full name of contributor out-of-state PAC (ID#: San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Amount of Contribution (\$) Amount of Contribution (\$) \$20.00 Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$20.00 \$20.00 Employer (See Instructions)							
Not Employed Date Date O5/05/2023 Hassele, Roberta Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Not Employed Date Date Date Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Not Employed Date Date Contributor address; City; State; Zip Code Date Date San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$20.00 \$20.00 \$20.00 Employer (See Instructions)			San Antonio, TX 78204				
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
O5/05/2023 Hassele, Roberta \$20.00 Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) O5/31/2023 Hassele, Roberta \$20.00 Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions)		Not Employe	ed	Not Employed			
Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date Date O5/31/2023 Hassele, Roberta Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$20.00		Date	Full name of contributor ut-of-state PAC (ID#:			Amount of Contribution (\$)	
Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Not Employed Date O5/31/2023 Hassele, Roberta Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$20.00		05/05/2023					\$20.00
Principal occupation / Job title (See Instructions) Not Employed Date Date O5/31/2023 Hassele, Roberta Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Amount of Contribution (\$) \$20.00 \$20.00 Employer (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Not Employed Date Date O5/31/2023 Hassele, Roberta Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Amount of Contribution (\$) \$20.00 \$20.00 Employer (See Instructions) Employer (See Instructions)							
Principal occupation / Job title (See Instructions) Not Employed Date Date O5/31/2023 Hassele, Roberta Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Amount of Contribution (\$) \$20.00 \$20.00 Employer (See Instructions) Employer (See Instructions)			San Antonio TX 78204				
Not Employed Date Full name of contributor out-of-state PAC (ID#:		Principal occu		Employer (See Instructions	:) 		
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 05/31/2023 Hassele, Roberta \$20.00 Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions)		•	,		,		
05/31/2023 Hassele, Roberta \$20.00 Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions)					Г	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions)				·		Amount of Contribution (\$)	\$20.00
San Antonio, TX 78204 Principal occupation / Job title (See Instructions) Employer (See Instructions)		00/01/2020					Ψ20.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Contributor address, City, State, 219 Code				
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
			San Antonio, TX 78204				
Not Employed Not Employed		Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
1		Not Employe	ed	Not Employed			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 44/98 Rpt: 47/174	
2	FILER NAME	Paradatic Party (OFO)		1	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)		₩	00059802	
4	Date 01/30/2023	5 Full name of contributor out-of-state PAC (ID# Hernandez, Irene		7 	Amount of Contribution (\$)	\$15.00
		6 Contributor address; City; State; Zip Code San Antonio, TX 78260				
8	Dringing coou		Employer (See Instructions	c) 		
0	Merchandize	pation / Job title (See Instructions) er	9 Employer (See Instructions LMS	s) 		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/03/2023	Hernandez, Irene				\$15.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78260				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Merchandize	er	LMS			
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/21/2023	Hernandez, Irene				\$15.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78260				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Merchandize	er	LMS			
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	05/05/2023	Hernandez, Irene				\$15.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78260				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Merchandize	er	LMS			
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	05/31/2023	Hernandez, Irene				\$15.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78260				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Merchandize	er	LMS			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 45/98 Rpt: 48/174	
2	FILER NAME	ty Domocratic Party (CEC)		3	Filer ID (Ethics Commission	Filers)
_		ty Democratic Party (CEC)		L	00059802	
4	Date 04/21/2023	 Full name of contributor out-of-state PAC (ID#: Hernandez, Irene Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$20.00
		San Antonio, TX 78260				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Office Mana		BCDP			
	Date	Full name of contributor ut-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	04/25/2023	Hernandez, Irene				\$40.00
				1		
		San Antonio, TX 78260				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Office Manager		ger	BCDP			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/11/2023	Hernandez, Irene				\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78260				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Manager	,	BCDP			
	Date	Full name of contributor ut-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	05/18/2023	Hernandez, Irene			`,	\$10.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78260				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Manager		BCDP	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/26/2023	Hernandez, Irene				\$25.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78260				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
	Manager		BCDP	•		
_	-		1			

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDULI	A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 46/98 Rpt: 49/174	
2	FILER NAME	A Democratic Party (CEC)			3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)			L	00059802	
4	Date 05/05/2023	 Full name of contributor Hernandez, Irene Contributor address; City; S 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
•	Principal occur	San Antonio, TX 78260 pation / Job title (See Instructions	-) le	Employer (See Instructions			
0	BCDP	pation / 300 title (See Instructions	5)	Office Manager	>)		
	Date 06/22/2023	Full name of contributor Hernandez, Irene Contributor address; City; S San Antonio, TX 78260	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u> </u> s)		
	Office Manag	ger		BCDP			
	Date 06/07/2023	Full name of contributor Hernandez, Irene Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78260					
	Principal occu Office Manag	pation / Job title (See Instructions ger	5)	Employer (See Instructions BCDP	5)		
	Date 06/15/2023	Full name of contributor Hernandez, Jacob Contributor address; City; S San Antonio, TX 78254	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		pation / Job title (See Instructions	5)	Employer (See Instructions			
	Media & Cor	nmunications		Great Northwest Comm	uni	ty	
	Date 06/22/2023	Full name of contributor Hill, John Contributor address; City; S San Antonio, TX 78213	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions Not Employed	<u> </u> 		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 47/98 Rpt: 50/174
2	FILER NAME	y Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00059802
4	Date 05/25/2023	Full name of contributor		7 Amount of Contribution (\$) \$35.00
		Fair Oaks Ranch, TX 78015	_	
8	Principal occu None	pation / Job title (See Instructions)	9 Employer (See Instructions henhughes55@gmail.co	
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID# Hyatt, Jennifer Contributor address; City; State; Zip Code Marion, TX 78124	:)	Amount of Contribution (\$) \$3.00
	Principal occu City of San A	pation / Job title (See Instructions) Antonio	Employer (See Instructions COSA)
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID# Hyatt, Jennifer Contributor address; City; State; Zip Code Marion, TX 78124	:)	Amount of Contribution (\$) \$5.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID# Hyatt, Jennifer		Amount of Contribution (\$) \$15.00
		Marion, TX 78124		
	City of San A	pation / Job title (See Instructions) Antonio	Employer (See Instructions COSA)
	Date 01/09/2023	Full name of contributor out-of-state PAC (ID# Ivy, Annette D Contributor address; City; State; Zip Code San Antonio, TX 78223	:)	Amount of Contribution (\$) \$25.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 48/98 Rpt: 51/174	
2	FILER NAME Bexar Count	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 03/08/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$25.00
_	Deinainal agai	San Antonio, TX 78223	O Francisco (Con Instructions	<u></u>		
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)		
	Date 04/10/2023	Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78223 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe		Not Employed			
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#: Ivy, Annette D Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78223				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		
	Date 05/31/2023	Full name of contributor out-of-state PAC (ID#: Ivy, Annette D Contributor address; City; State; Zip Code San Antonio, TX 78223		•	Amount of Contribution (\$)	\$25.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not Employe	ed	Not Employed			
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#: Johnson, Diane Contributor address; City; State; Zip Code San Antonio, TX 78239)	•	Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>. </u>		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 49/98 Rpt: 52/174	
2	FILER NAME			3	Filer ID (Ethics Commission	r Filers)
		ty Democratic Party (CEC)		L	00059802	
4	Date 01/30/2023	5 Full name of contributor out-of-state PAC (ID#: Juarez, Stephanie)	7	Amount of Contribution (\$)	\$10.00
		6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78247				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	 S)		
	Massage Th	erapist	Self			
_	Date	Full name of contributor out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	03/03/2023	Juarez, Stephanie			•	\$10.00
		Contributor address; City; State; Zip Code		1		
		SAN ANTONIO, TX 78247				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Massage Th	erapist	Self			
	Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/21/2023	Juarez, Stephanie				\$10.00
		Contributor address; City; State; Zip Code		1		
		SAN ANTONIO, TX 78247	1	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Massage Th	·	Self	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/05/2023					\$10.00
		Contributor address; City; State; Zip Code				
		SAN ANTONIO, TX 78247				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	?) 		
	Massage Th	,	Self	-,		
				Т	Amount of Contribution (\$)	
	Date 05/31/2023	Full name of contributor out-of-state PAC (ID#: Juarez, Stephanie)		Amount of Contribution (\$)	\$10.00
	03/31/2023			ł		Ψ10.00
		Contributor address; City; State; Zip Code				
		SAN ANTONIO, TX 78247				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Massage Th		Self	-		
_			l			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 50/98 Rpt: 53/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	on Filers)
4	Date 06/22/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Dringinal occu	SAN ANTONIO, TX 78247 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Massage Th		Self	,		
	Date 03/07/2023	Full name of contributor out-of-state PAC (ID#:_ Justin Rodriguez Campaign Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$3,000.00
	Principal occu	San Antonio, TX 78201 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/08/2023	Full name of contributor out-of-state PAC (ID#:_ Landeros, Guadalupe Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78249				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 01/09/2023	Full name of contributor out-of-state PAC (ID#:_Lopez, Andres Contributor address; City; State; Zip Code San antonio, TX 78247)		Amount of Contribution (\$)	\$5.00
	Principal occu curbside	pation / Job title (See Instructions)	Employer (See Instructions heb)		
	Date 02/02/2023	Full name of contributor out-of-state PAC (ID#:_Lopez, Andres Contributor address; City; State; Zip Code San antonio, TX 78247			Amount of Contribution (\$)	\$5.00
	Principal occu curbside	pation / Job title (See Instructions)	Employer (See Instructions heb)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 51/98 Rpt: 54/174	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)			00059802	
4	Date 03/08/2023	5 Full name of contributor out-of-state PAC (ID#:_ Lopez, Andres		7	Amount of Contribution (\$)	\$5.00
		6 Contributor address; City; State; Zip Code				
_	Dringing coor	San antonio, TX 78247	Employer (Cap Instructions	<u>, </u>		
8	curbside	pation / Job title (See Instructions)	9 Employer (See Instructions heb	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/10/2023	Lopez, Andres				\$5.00
		Contributor address; City; State; Zip Code				
		San antonio, TX 78247				
	Principal occu curbside	pation / Job title (See Instructions)	Employer (See Instructions heb	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/05/2023	Lopez, Andres				\$5.00
		Contributor address; City; State; Zip Code				
		San antonio, TX 78247	- / /2	Ĺ		
	curbside	pation / Job title (See Instructions)	Employer (See Instructions heb	S) 		
	Date	Full name of contributor uut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	05/31/2023	Lopez, Andres				\$5.00
		Contributor address; City; State; Zip Code				
		San antonio, TX 78247				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	curbside		heb			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/08/2023	Lopez, Theresa				\$15.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s) 		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/98 Rpt: 55/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	n Filers)
4	Date 06/07/2023	5 Full name of contributor out-of-state PAC (ID#:_ Lopez, Theresa 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$24.00
_	Deinsinal	San Antonio, TX 78258				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/07/2023	Full name of contributor out-of-state PAC (ID#:_Lopez, Theresa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1.00
		San Antonio, TX 78258				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/24/2023	Full name of contributor)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78209				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID#:_LoweSolis, Michelle Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		
	Date 03/21/2023	Full name of contributor out-of-state PAC (ID#:_LoweSolis, Michelle Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 53/98 Rpt: 56/174	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	n Filers)
4	Date	5 Full name of contributor ut-of-state PAC (ID#	''	7	Amount of Contribution (\$)	
	04/19/2023	LoweSolis, Michelle			(,)	\$10.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78209				
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	ф1 00 00
	02/02/2023	Maldonado, Linda Contributor address; City; State; Zip Code				\$130.00
		Contributor address, City, State, Zip Code				
		San Antonio, TX 78254				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed	_		
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	# 00.00
	05/31/2023	Maldonado, Linda Contributor address; City; State; Zip Code				\$28.00
		San Antonio, TX 78254				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	None	,	Retired	,		
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	05/31/2023	Maldonado, Linda				\$12.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78254				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	None		Retired			
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	01/24/2023	Marck, Eugene				\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	President		Vista World Travel			

MON	NET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULE	E A1
The In	nstruc	tion Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 54/98 Rpt: 57/174	
2 FILER N				3	Filer ID (Ethics Commission	Filers)
Bexar (County	Democratic Party (CEC)			00059802	
4 Date 03/03/2	2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
9 Dringing	al accura	San Antonio, TX 78240	6 Employer (See Instructions	c) 		
8 Principa Preside		ation / Job title (See Instructions)	Employer (See Instructions Vista World Travel	s)		
Date		Full name of contributor uut-of-state PAC (I	D#:)		Amount of Contribution (\$)	
03/14/2	2023					\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
		eation / Job title (See Instructions)	Employer (See Instructions	s)		
Preside	ent		Vista World Travel			
Date		Full name of contributor ut-of-state PAC (I	D#:)		Amount of Contribution (\$)	*40.00
04/19/2	2023					\$10.00
		Contributor address; City; State; Zip Code San Antonio, TX 78240				
Principa	al occup	ation / Job title (See Instructions)	Employer (See Instructions	s)		
Preside	ent		Vista World Travel			
Date		Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
05/16/2	2023	Marck, Eugene				\$10.00
	ľ	Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
Principa	al occup	ation / Job title (See Instructions)	Employer (See Instructions	s)		
Preside	ent		Vista World Travel			
Date		Full name of contributor out-of-state PAC (I	D#:)		Amount of Contribution (\$)	
06/22/2	2023	Marck, Eugene				\$10.00
	ľ	Contributor address; City; State; Zip Code				
		San Antonio, TX 78240				
Principa	al occup	ation / Job title (See Instructions)	Employer (See Instructions	s)		
Preside	ent		Vista World Travel			
i reside			VISIA VVOIIU ITAVCI			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 55/98 Rpt: 58/174	
2	FILER NAME Bexar Count	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 01/24/2023	5 Full name of contributor out-of-state PAC (ID#: Marengo, Don 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$10.00
_	<u> </u>	San Antonio, TX 78210	1	<u></u>		
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)		
	Date 02/10/2023	Full name of contributor			Amount of Contribution (\$)	\$10.00
	Principal occu	San Antonio, TX 78210 upation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Not Employe		Not Employed	,		
	Date 03/08/2023	Full name of contributor out-of-state PAC (ID#: Marengo, Don Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78210				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	s)		
	Date 04/10/2023	Full name of contributor)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	San Antonio, TX 78210 pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Not Employe	' '	Not Employed	"		
	Date 05/16/2023	Full name of contributor out-of-state PAC (ID#: Marengo, Don Contributor address; City; State; Zip Code San Antonio, TX 78210		•	Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		
	Not Employe	eu	Not Employed			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 56/98 Rpt: 59/174	
2	FILER NAME	Demografia Porty (CFC)		3	Filer ID (Ethics Commission	n Filers)
_		ry Democratic Party (CEC)		L	00059802	
4	Date 06/15/2023	 Full name of contributor out-of-state PAC (ID#: Marengo, Don Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78210				
8	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/06/2023	Markman, Shahna				\$36.00
		Contributor address; City; State; Zip Code				
		Cheektowaga, NY 14215				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/26/2023	Martinez, Gilbert				\$3.00
		Contributor address; City; State; Zip Code				
	Dringing agou	San Antonio, TX 78254	Employer (Con Instructions	<u>, </u>		
	Associate	pation / Job title (See Instructions)	Employer (See Instructions Steak N Shake	s)		
	Date	Full name of contributor uut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/31/2023	Medina, Anita Jo				\$50.00
		Contributor address; City; State; Zip Code				
		Helotes, TX 78023				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Litigation Co	ordinator	VIA			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/30/2023	Medina, Anita Jo				\$24.00
		Contributor address; City; State; Zip Code				
		Helotes, TX 78023				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Litigation Co	ordinator	VIA			

MONE	TARY POLITICAL CONTRIBUTI	ONS	SCHEDULE	A1
The Instru	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 57/98 Rpt: 60/174	
2 FILER NAME Bexar Coun	Enty Democratic Party (CEC)		3 Filer ID (Ethics Commission Fi 00059802	lers)
4 Date 01/24/2023	5 Full name of contributor out-of-state PAC (ID#		7 Amount of Contribution (\$)	\$10.00
	SAN ANTONIO, TX 78251	1		
8 Principal occ	rupation / Job title (See Instructions) red	9 Employer (See Instructions Not Employed	5)	
Date 03/21/2023	Contributor address; City; State; Zip Code	#:)	Amount of Contribution (\$)	\$20.00
Principal occ	SAN ANTONIO, TX 78251 upation / Job title (See Instructions)	Employer (See Instructions	<u>(;)</u>	
Not Employ		Not Employed	,,	
Date 04/19/2023	Full name of contributor out-of-state PAC (ID# Meredith, James Contributor address; City; State; Zip Code	#:) 	Amount of Contribution (\$)	\$20.00
	SAN ANTONIO, TX 78251			
Principal occ Not Employ	rupation / Job title (See Instructions) ved	Employer (See Instructions Not Employed	5)	
Date 05/16/2023		#:)	Amount of Contribution (\$)	\$20.00
Delinate al a co	SAN ANTONIO, TX 78251	Familia de Combre de la structione		
Not Employ	rupation / Job title (See Instructions) ved	Employer (See Instructions Not Employed	5)	
Date 06/22/2023	Full name of contributor out-of-state PAC (ID# Meredith, James Contributor address; City; State; Zip Code SAN ANTONIO, TX 78251	÷:)	Amount of Contribution (\$)	\$20.00
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions Not Employed	I (S)	
	upation / Job title (See Instructions)		s)	

	MONEI	ARY POLITICAL (CONTRIBUTIO	INS		SCHEDULI	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 58/98 Rpt: 61/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 05/31/2023	5 Full name of contributor Meyer, Gregory6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
8	Principal occu Data Engine	San Antonio, TX 78249 pation / Job title (See Instructions er)	Employer (See Instructions USAA	5)		
	Date 06/22/2023	Full name of contributor Meyer, Gregory Contributor address; City; St San Antonio, TX 78249	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Data Engine	pation / Job title (See Instructions)	Employer (See Instructions USAA	<u>l</u> S)		
	Date 01/09/2023	Full name of contributor Miles, Sonia Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78260 pation / Job title (See Instructions)	Employer (See Instructions	 - s)		
	Not Employe	ed		Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$25.00	
	Principal occu Not Employe	San Antonio, TX 78260 pation / Job title (See Instructionsed)	Employer (See Instructions Not Employed	<u>l</u> S)		
	Date 03/08/2023	Full name of contributor Miles, Sonia Contributor address; City; St San Antonio, TX 78260	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$25.00
	Principal occu Not Employe	pation / Job title (See Instructions ed		Employer (See Instructions Not Employed	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 59/98 Rpt: 62/174	
2	FILER NAME	ay Domocratic Porty (CEC)			3	Filer ID (Ethics Commission	n Filers)
_		y Democratic Party (CEC)			L	00059802	
4	Date 04/10/2023	5 Full name of contributor Miles, Sonia6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	San Antonio, TX 78260 pation / Job title (See Instructions	5)	9 Employer (See Instructions			
	Not Employe			Not Employed	-,		
	Date 05/05/2023	Full name of contributor Miles, Sonia Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$25.00
	Dringinal occu	San Antonio, TX 78260 pation / Job title (See Instructions	2)	Employer (See Instructions	-, 		
	Not Employe		5)	Not Employed	>)		
			D out of state DAC (ID#))	Т	Amount of Contribution (\$)	
	Date Full name of contributor out-of-state PAC (ID#: 06/15/2023 Miles, Sonia Contributor address; City; State; Zip Code			•	yundun or contribution (c)	\$25.00	
		San Antonio, TX 78260					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
	Date 04/20/2023	Full name of contributor Miller, Aramis Contributor address; City; S San Antonio, TX 78245	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$120.00
	Principal occu Business Ow	pation / Job title (See Instructions	5)	Employer (See Instructions Self	5)		
	Date 04/27/2023	Full name of contributor Miller, Aramis Contributor address; City; S San Antonio, TX 78245	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$15.00
	Principal occu Business Ow	pation / Job title (See Instructions vner	5)	Employer (See Instructions Self	<u>.</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 60/98 Rpt: 63/174	
2	FILER NAME	A Demogratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
_		y Democratic Party (CEC)		L		
4	Date 04/28/2023	 5 Full name of contributor out-of-state PAC (ID#: Miller, Aramis 6 Contributor address; City; State; Zip Code 	_	7	Amount of Contribution (\$)	\$15.00
		San Antonio, TX 78245				
8	Principal occu Business Ov	pation / Job title (See Instructions) vner	9 Employer (See Instructions Self	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	05/11/2023	Miller, Aramis	,		`,	\$10.00
		Contributor address; City; State; Zip Code		1		
		· · ·				
		San Antonio, TX 78245				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Graphic Des	igner	Self			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/26/2023	Miller, Aramis				\$15.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78245				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Graphic Des	·	Self	,		
	Date	Full name of contributor ut-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	03/03/2023	Miller, Aramis			7 uniount of Continuation (4)	\$2.00
				1		
		, , , , , , , , , , , , , , , , , , ,				
		San Antonio, TX 78245				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Self		Business Owner			
	Date	Full name of contributor uut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/05/2023	Miller, Aramis				\$6.00
		Contributor address; City; State; Zip Code				
		San Antonio TV 79245				
	Principal occu	San Antonio, TX 78245 pation / Job title (See Instructions)	Employer (See Instructions	2) 		
	Self	panon / Job une (See Instructions)	Graphic Designer	٥)		
			Crapino Designer			

	MONEI	ARY POLITICAL CONTRIBUT	IOI	NS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 61/98 Rpt: 64/174	
2	FILER NAME	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	ı Filers)
_					<u> </u>		
4	Date 05/05/2023	 Full name of contributor)#:)	ľ	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78245					
8	Self	pation / Job title (See Instructions)	9	Employer (See Instructions Graphic Designer	5)		
	Date 05/20/2023	Full name of contributor out-of-state PAC (IE Miller, Aramis Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$15.00
	Deinsinal assu	San Antonio, TX 78245	_	Franks von (Coo Instructions	<u>, </u>		
	Self	pation / Job title (See Instructions)		Employer (See Instructions Graphic Designer	5)		
	Date 05/26/2023	Full name of contributor	D#:)		Amount of Contribution (\$)	\$15.00
		San Antonio, TX 78245					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Graphic Des	igner		Self			
	Date 06/26/2023	Full name of contributor out-of-state PAC (IE Miller, Aramis Contributor address; City; State; Zip Code San Antonio, TX 78245	D#:			Amount of Contribution (\$)	\$20.00
	Principal occu Graphic Des	pation / Job title (See Instructions) igner		Employer (See Instructions Self	5)		
	Date 01/24/2023	Full name of contributor out-of-state PAC (IE Miller, Donalyn Contributor address; City; State; Zip Code Bedford, TX 76022	D#:			Amount of Contribution (\$)	\$25.00
	Principal occu literacy cons	pation / Job title (See Instructions) ultant		Employer (See Instructions self employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 62/98 Rpt: 65/174	
2	FILER NAME	Democratic Party (CEC)		3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)		L	00059802	
4	Date 03/03/2023	5 Full name of contributor out-of-state PAC (ID#: Miller, Donalyn	:)	7	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code Bedford, TX 76022				
8		pation / Job title (See Instructions)	Employer (See Instructions self employed	5)		
	literacy cons		1	_		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	ቀንድ ሰሰ
	03/14/2023			l		\$25.00
		Contributor address; City; State; Zip Code				
		Bedford, TX 76022				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	literacy consultant		self employed			
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	04/19/2023	Miller, Donalyn				\$25.00
		Contributor address; City; State; Zip Code Bedford, TX 76022				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
	literacy cons	ultant	self employed			
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	05/16/2023	Miller, Donalyn				\$25.00
		Contributor address; City; State; Zip Code				
		Bedford, TX 76022				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	literacy cons	ultant	self employed			
	Date	Full name of contributor ut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	06/22/2023	Miller, Donalyn				\$25.00
		Contributor address; City; State; Zip Code				
		Bedford, TX 76022				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	literacy cons	ultant	self employed			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 63/98 Rpt: 66/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 06/26/2023	 Full name of contributor out-of-state PAC (ID#:_ Miller, Doris Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
_	Deinsinal	San Antonio, TX 78255	10. 5			
8	Artist	pation / Job title (See Instructions)	9 Employer (See Instructions			
	Date 01/09/2023	Full name of contributor out-of-state PAC (ID#:_Miller, Robert Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	San Antonio, TX 78247 pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	Retired	pation / coo title (coo metadolono)	None	,		
	Date 02/02/2023	Full name of contributor out-of-state PAC (ID#:_ Miller, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78247				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None	5)		
	Date 03/08/2023	Full name of contributor out-of-state PAC (ID#:_Miller, Robert Contributor address; City; State; Zip Code San Antonio, TX 78247			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None)		
	Date 04/10/2023	Full name of contributor out-of-state PAC (ID#:_Miller, Robert Contributor address; City; State; Zip Code San Antonio, TX 78247			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 64/98 Rpt: 67/174	
2	FILER NAME	ny Domocratic Party (CEC)		3	Filer ID (Ethics Commission	n Filers)
		y Democratic Party (CEC)		╙	00059802	
4	Date 05/05/2023	5 Full name of contributor out-of-state PAC (ID Miller, Robert		7 	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code				
_	Detection	San Antonio, TX 78247	C Franks (O. s. kastovstis as	<u></u>		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions None	S)		
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	05/31/2023	Miller, Robert				\$25.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78247				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		None	_		
	Date	Full name of contributor out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	# 00.00
	01/30/2023	Montgomery, Matthew				\$22.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78201				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Database Ad	dministrator	Kochava			
	Date	Full name of contributor out-of-state PAC (IE	D#:)		Amount of Contribution (\$)	
	03/03/2023	Montgomery, Matthew				\$22.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78201				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Database Ad	,	Kochava	-,		
	Date	Full name of contributor ut-of-state PAC (ID	<u> </u>	Т	Amount of Contribution (\$)	
	03/21/2023	Montgomery, Matthew) · · · · · · · · · · · · · · · · · · ·		7 and an extendition (\$)	\$22.00
				1		
		,				
		San Antonio, TX 78201				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Database Ad	dministrator	Kochava			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 65/98 Rpt: 68/174	
2	FILER NAME			3	Filer ID (Ethics Commission	r Filers)
		y Democratic Party (CEC)		L	00059802	
4	Date 05/05/2023	 Full name of contributor out-of-state PAC (ID# Montgomery, Matthew Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$22.00
		San Antonio, TX 78201				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Database Ad	dministrator	Kochava			
	Date Full name of contributor out-of-state PAC (ID#:) 01/09/2023 Morgan, Tex		#:)		Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Senior Software Engineer		FundRocket LLC			
	Date 02/02/2023	Full name of contributor out-of-state PAC (ID# Morgan, Tex	#:)		Amount of Contribution (\$)	\$50.00
		Contributor address; City; State; Zip Code				, , , , ,
		San Antonio, TX 78210				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Senior Softw	vare Engineer	FundRocket LLC			
	Date	Full name of contributor ut-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/03/2023					\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Senior Softw	/are Engineer	FundRocket LLC			
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/29/2023	Morgan, Tex				\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78210				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Senior Softw	are Engineer	FundRocket LLC			

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULI	■ A1
	The Instru	ction Guide explains how	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 66/98 Rpt: 69/174	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)	_		L	00059802	
4	Date 05/05/2023	5 Full name of contributor Morgan, Tex6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78210					
8	Principal occu	pation / Job title (See Instructions	s) 9	Employer (See Instructions	5)		
	Senior Softw	are Engineer		FundRocket LLC			
	Date 05/31/2023	Full name of contributor Morgan, Tex Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78210					
		pation / Job title (See Instructions	5)	Employer (See Instructions	s)		
	Senior Softw	are Engineer		FundRocket LLC			
	Date 04/10/2023	Full name of contributor Moschner, Barbara Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
		San Antonio, TX 78249					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
	Date 05/16/2023	Full name of contributor Moschner, Barbara Contributor address; City; S San Antonio, TX 78249	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$40.00
	Principal occu Not Employe	pation / Job title (See Instructions	s)	Employer (See Instructions Not Employed	5)		
	Date 06/15/2023	Full name of contributor Moschner, Barbara Contributor address; City; S San Antonio, TX 78249	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$40.00
	Principal occu Not Employe	pation / Job title (See Instructions ed	5)	Employer (See Instructions Not Employed	5)		

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 67/98 Rpt: 70/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	r Filers)
4	Date 01/09/2023	5 Full name of contributor Null, Kathleen6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu Not Employe	San Antonio, TX 78249 pation / Job title (See Instructionsed)	Employer (See Instructions Not Employed) s)		
	Date 01/30/2023	Full name of contributor Null, Kathleen Contributor address; City; St San Antonio, TX 78249	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$40.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	5)		
	Date 02/02/2023	Full name of contributor Null, Kathleen Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Not Employe	ed		Not Employed			
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$40.00	
	Principal occu Not Employe	San Antonio, TX 78249 pation / Job title (See Instructionsed)	Employer (See Instructions Not Employed	<u>l</u> S)		
	Date 03/08/2023	Full name of contributor Null, Kathleen Contributor address; City; St San Antonio, TX 78249	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$40.00
	Principal occu Not Employe	pation / Job title (See Instructions ed)	Employer (See Instructions Not Employed	5)		

MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
The Instru	action Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 68/98 Rpt: 71/174
2 FILER NAME	ty Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00059802
4 Date 03/29/2023	5 Full name of contributor		7 Amount of Contribution (\$) \$40.
O Deineinel con	San Antonio, TX 78249	C Francisco (Con Instructions	<u> </u>
8 Principal occu	upation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	;)
Date 04/10/2023	Full name of contributor out-of-state PAC (ID# Null, Kathleen Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$) \$40
Principal occu	San Antonio, TX 78249 upation / Job title (See Instructions)	Employer (See Instructions	
Not Employe		Not Employed	,
Date 05/05/2023	Full name of contributor out-of-state PAC (ID# Null, Kathleen Contributor address; City; State; Zip Code	:)	Amount of Contribution (\$) \$40
	San Antonio, TX 78249		
Principal occu Not Employe	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed))
Date 05/05/2023	Full name of contributor out-of-state PAC (ID# Null, Kathleen Contributor address; City; State; Zip Code San Antonio, TX 78249	÷)	Amount of Contribution (\$) \$40
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> :)
Not Employe	ed	Not Employed	
Date 05/31/2023	Full name of contributor out-of-state PAC (ID# Null, Kathleen Contributor address; City; State; Zip Code San Antonio, TX 78249	:)	Amount of Contribution (\$) \$40.
Principal occu	upation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)
))

	MONEI	ARY POLITICAL CON	TRIBUTIONS		SCHEDULE	A1
	The Instruc	ction Guide explains how to co	omplete this form.	1	Total pages Schedule A1: Sch: 69/98 Rpt: 72/174	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
4	Date		t-of-state PAC (ID#:	-	Amount of Contribution (\$)	
4	05/31/2023	Null, Kathleen 6 Contributor address; City; State; Zig) state 1770 (15#	' 	Amount of Contribution (\$)	\$40.00
	Driveriend	San Antonio, TX 78249	lo Farriago (Osa la servicio)			
8	Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	5)		
	Date 06/26/2023	Null, Kathleen Contributor address; City; State; Zip	t-of-state PAC (ID#:) D Code		Amount of Contribution (\$)	\$40.00
	Dringing con	San Antonio, TX 78249	Employer (See Instructions	<u>'</u>		
	Not Employe	pation / Job title (See Instructions) ed	Not Employed	>)		
	Date 05/25/2023	Full name of contributor out Nunez, Linda Contributor address; City; State; Zip	t-of-state PAC (ID#:) D Code		Amount of Contribution (\$)	\$47.00
		League City, TX 77573				
	Principal occu None	pation / Job title (See Instructions)	Employer (See Instructions Inunez@outlook.com	5)		
Date 05/16/2023		Owens, John Contributor address; City; State; Zip	t-of-state PAC (ID#:) D Code		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	San Antonio, TX 78244 pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 06/15/2023	Owens, John Contributor address; City; State; Zip	t-of-state PAC (ID#:) D Code		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	San Antonio, TX 78244 pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u> </u> s)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 70/98 Rpt: 73/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 01/24/2023	 Full name of contributor out-of-state PAC (ID#:_ Pace, Edgar Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
•	Dringing oggu	San Antonio, TX 78247	Employer (See Instructions)			
8	Not employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions) Not employed)		
	Date 02/02/2023	Full name of contributor out-of-state PAC (ID#:_ Palcewski, Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00
	Dringinal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired	pation / 300 title (See Instructions)	Retired	,		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID#:_ Palcewski, Barbara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78209				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 03/29/2023	Full name of contributor out-of-state PAC (ID#:_Palcewski, Barbara Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#:_Palcewski, Barbara Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 71/98 Rpt: 74/174	
2	FILER NAME	D		3	Filer ID (Ethics Commission	n Filers)
		y Democratic Party (CEC)		L	00059802	
4	Date 05/31/2023	5 Full name of contributor out-of-state PAC (ID#:_Palcewski, Barbara		7	Amount of Contribution (\$)	\$5.00
		6 Contributor address; City; State; Zip Code				
_		San Antonio, TX 78209	T	Ļ		
8	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	06/26/2023	Palcewski, Barbara				\$5.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209	_			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/09/2023	Parker, Stephen				\$275.00
		Contributor address; City; State; Zip Code San Antonio, TX 78209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/03/2023	Payne, Mary				\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/21/2023	Payne, Mary				\$10.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78258				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Not Employe	ed	Not Employed			

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 72/98 Rpt: 75/174	
2	FILER NAME	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	Filers)
_			—		_		
4	Date 04/19/2023	5 Full name of contributor Payne, Mary6 Contributor address; City; Sta	out-of-state PAC (ID#:)	,	Amount of Contribution (\$)	\$10.00
0	Dringing Local	San Antonio, TX 78258 pation / Job title (See Instructions)		Employer (See Instructions			
ō	Not Employe		9	Not Employed)		
	Date 05/31/2023	Full name of contributor Payne, Mary Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78258					
	Not Employe	pation / Job title (See Instructions))	Employer (See Instructions Not Employed)		
				Not Employed			
	Date 06/22/2023	Full name of contributor Payne, Mary Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78258					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Not Employe	ed		Not Employed			
	Date 06/26/2023	Full name of contributor Peters, Gary Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/09/2023	Full name of contributor Pugh, Jacqueline Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 73/98 Rpt: 76/174	
2	FILER NAME	D (1 D ((050)			3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)	_		L	00059802	
4	Date 02/02/2023	5 Full name of contributorPugh, Jacqueline6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions	s) g	Employer (See Instructions	<u> </u> 		
	Not Employe		,	Not Employed	,		
	Date 03/03/2023	Full name of contributor Pugh, Jacqueline Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78216 pation / Job title (See Instructions	.)	Employer (See Instructions	-, 		
	Not Employe)	Not Employed	>)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	04/19/2023				yanount of Contabation (c)	\$50.00	
		San Antonio, TX 78216					
		pation / Job title (See Instructions	3)	Employer (See Instructions			
	Physician			Department of Veterans	Af	fairs	
	Date 05/16/2023	Full name of contributor Pugh, Jacqueline Contributor address; City; St San Antonio, TX 78216	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions	(3)	Employer (See Instructions Department of Veterans		fairs	
	Date 06/22/2023	Full name of contributor Pugh, Jacqueline Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Physician	pation / Job title (See Instructions	5)	Employer (See Instructions Department of Veterans		fairs	

2 FILER NAM Bexar Cou 4 Date 03/03/2023 8 Principal occ Not Employ Date 03/29/2023 Principal occ Not Employ Date 05/05/2023	San Antonio, TX 78214 Cupation / Job title (See Instructions) San Antonio, TX 78214 Cupation / Job title (See Instructions) Contributor address; City; State; Zip Code Cupation / Job title (See Instructions) Contributor Cupation / Job title (See Instructions) Contributor address; City; State; Zip Code Cupation / Job title (See Instructions) Contributor Antonio, TX 78214 Cupation / Job title (See Instructions) Cupation / J	9 Employer (See Instruction Not Employed	1 Total pages Schedule A1: Sch: 74/98 Rpt: 77/174 3 Filer ID (Ethics Commission F 00059802 7 Amount of Contribution (\$) ons) Amount of Contribution (\$)	\$10.00
Bexar Cou 4 Date 03/03/2023 8 Principal occ Not Employ Principal occ Not Employ Date 03/29/2023	San Antonio, TX 78214 Cupation / Job title (See Instructions) San Antonio, TX 78214 Cupation / Job title (See Instructions) Contributor address; City; State; Zip Code Cupation / Job title (See Instructions) Contributor Cupation / Job title (See Instructions) Contributor address; City; State; Zip Code Cupation / Job title (See Instructions) Contributor Antonio, TX 78214 Cupation / Job title (See Instructions) Cupation / J	9 Employer (See Instruction Not Employed	7 Amount of Contribution (\$)	\$10.00
4 Date 03/03/2023 8 Principal occ Not Employ Date 03/29/2023 Principal occ Not Employ Date 05/05/2023	5 Full name of contributor out-of-state PAC (ID# Ramos, Mary Ann 6 Contributor address; City; State; Zip Code San Antonio, TX 78214 cupation / Job title (See Instructions) yed Full name of contributor out-of-state PAC (ID# Ramos, Mary Ann Contributor address; City; State; Zip Code San Antonio, TX 78214 cupation / Job title (See Instructions)	9 Employer (See Instruction Not Employed	7 Amount of Contribution (\$)	\$10.00 \$10.00
Principal occ Not Employ Date 05/05/2023	cupation / Job title (See Instructions) yed Full name of contributor out-of-state PAC (ID# Ramos, Mary Ann Contributor address; City; State; Zip Code San Antonio, TX 78214 cupation / Job title (See Instructions)	Not Employed Employer (See Instruction		\$10.00
Principal occ Not Employ Date 05/05/2023	Full name of contributor out-of-state PAC (ID# Ramos, Mary Ann Contributor address; City; State; Zip Code San Antonio, TX 78214 cupation / Job title (See Instructions)	Not Employed Employer (See Instruction		\$10.00
Principal occ Not Employ Date 05/05/2023	Ramos, Mary Ann Contributor address; City; State; Zip Code San Antonio, TX 78214 cupation / Job title (See Instructions)	Employer (See Instruction	Amount of Contribution (\$)	\$10.00
Not Employ Date 05/05/2023	cupation / Job title (See Instructions)			
Date 05/05/2023	yed		ons)	
05/05/2023		Not Employed		
Principal oc	Full name of contributor out-of-state PAC (ID# Ramos, Mary Ann Contributor address; City; State; Zip Code	t:)	Amount of Contribution (\$)	\$10.00
Principal occ	San Antonio, TX 78214			
Not Employ	cupation / Job title (See Instructions) yed	Employer (See Instruction Not Employed	ons)	
Date 05/31/2023	Contributor address; City; State; Zip Code	÷)	Amount of Contribution (\$)	\$10.00
Principal occ	San Antonio, TX 78214 cupation / Job title (See Instructions)	Employer (See Instruction	ons)	
Not Employ	,	Not Employed		
Date 06/26/2023		:)	Amount of Contribution (\$)	\$10.00
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruction Not Employed	ons)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 75/98 Rpt: 78/174	
2	FILER NAME Bexar Count	ry Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	n Filers)
4	Date 04/10/2023	 5 Full name of contributor out-of-state PAC (ID#:_Rao, Srinivasan (Chino) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00
_	Deignaignal	San Antonio, TX 78257	D. Evelever (Coa leatrestica)			
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)		
	Date 04/18/2023	Full name of contributor out-of-state PAC (ID#:_Rapkin, Stephen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu	San Antonio, TX 78230 pation / Job title (See Instructions)	Employer (See Instructions))		
	Self	,	Attorney			
	Date 01/09/2023	Full name of contributor out-of-state PAC (ID#:_ Reeves, Linda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78249				
	Principal occu Librarian	pation / Job title (See Instructions)	Employer (See Instructions) Northwest Vista College			
	Date 02/02/2023	Full name of contributor out-of-state PAC (ID#:_ Reeves, Linda Contributor address; City; State; Zip Code San Antonio, TX 78249			Amount of Contribution (\$)	\$30.00
	Principal occu Librarian	pation / Job title (See Instructions)	Employer (See Instructions) Northwest Vista College			
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID#:_Reeves, Linda Contributor address; City; State; Zip Code San Antonio, TX 78249			Amount of Contribution (\$)	\$30.00
	Principal occu Librarian	pation / Job title (See Instructions)	Employer (See Instructions) Northwest Vista College			

	MONEI	ARY POLITICAL CONTRIBUTIO	INS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 76/98 Rpt: 79/174	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Bexar Count	y Democratic Party (CEC)			00059802	
4	Date 03/29/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78249				
8	Principal occu Librarian	pation / Job title (See Instructions)	9 Employer (See Instructions Northwest Vista College			
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#:_ Reeves, Linda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
	Dringing con	San Antonio, TX 78249	Employer (See Instructions			
	Librarian	pation / Job title (See Instructions)	Northwest Vista College			
	Date 05/31/2023	Full name of contributor out-of-state PAC (ID#:_ Reeves, Linda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78249				
	Principal occu Librarian	pation / Job title (See Instructions)	Employer (See Instructions Northwest Vista College			
	Date 01/09/2023	Full name of contributor out-of-state PAC (ID#:_ Richmond, Darren Contributor address; City; State; Zip Code San Antonio, TX 78254)		Amount of Contribution (\$)	\$50.00
	Principal occu Program Ma	pation / Job title (See Instructions) nager	Employer (See Instructions Netcracker)		
	Date 02/02/2023	Full name of contributor out-of-state PAC (ID#:_Richmond, Darren Contributor address; City; State; Zip Code San Antonio, TX 78254			Amount of Contribution (\$)	\$50.00
	Principal occu Program Ma	pation / Job title (See Instructions) nager	Employer (See Instructions Netcracker	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 77/98 Rpt: 80/174	
2	FILER NAME	P (250)		3	Filer ID (Ethics Commission	r Filers)
		ry Democratic Party (CEC)		╙	00059802	
4	Date 03/03/2023	 Full name of contributor out-of-state PAC (ID#: Richmond, Darren Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
		San Antonio, TX 78254				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>L</u> s)		
	Program Ma		Netcracker			
	Date	Full name of contributor ut-of-state PAC (ID#:	:)	Т	Amount of Contribution (\$)	
	03/29/2023	Richmond, Darren	,		(1)	\$50.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78254				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Program Ma	-	Netcracker			
	Date	Full name of contributor ut-of-state PAC (ID#:)		Amount of Contribution (\$)	
	05/05/2023	Richmond, Darren				\$50.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78254				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Program Ma	nager	Netcracker			
	Date	Full name of contributor ut-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	05/31/2023	Richmond, Darren				\$50.00
		Contributor address; City; State; Zip Code		1		
		Con Antonio TV 70254				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	e) 		
	Program Ma	,	Netcracker	3)		
	Date			Т	Amount of Contribution (\$)	
	02/02/2023	Full name of contributor out-of-state PAC (ID#: Richter, Denise)		Amount of Contribution (\$)	\$10.00
	02/02/2020	Contributor address; City; State; Zip Code		-		Ψ10.00
		Continuator address, Oity, State, 21p Gode				
		SAN ANTONIO, TX 78209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Journalism F	Professor	Palo Alto College one o	f th	e Alamo Colleges	

	MONEI	ARY POLITICAL CONTRIBUTION	Or	NS		SCHEDULI	A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 78/98 Rpt: 81/174	
2	FILER NAME	y Domocratia Party (CEC)			3	Filer ID (Ethics Commission 00059802	Filers)
_		y Democratic Party (CEC)					
4	Date 03/03/2023	 Full name of contributor uut-of-state PAC (ID# Richter, Denise Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$10.00
		SAN ANTONIO, TX 78209					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Journalism P	Professor		Palo Alto College one o	f th	e Alamo Colleges	
	Date 03/29/2023	Full name of contributor out-of-state PAC (ID# Richter, Denise Contributor address; City; State; Zip Code	t:)		Amount of Contribution (\$)	\$10.00
		SAN ANTONIO, TX 78209					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Journalism P	Professor		Palo Alto College one o	f th	e Alamo Colleges	
	Date 05/05/2023	Full name of contributor	t:			Amount of Contribution (\$)	\$10.00
		SAN ANTONIO, TX 78209					
		pation / Job title (See Instructions)		Employer (See Instructions		Alama Oallana	
	Journalism P	Professor		Palo Alto College one o	th	e Alamo Colleges	
	Date 02/10/2023	Full name of contributor out-of-state PAC (ID# Romo, Lawrence Contributor address; City; State; Zip Code San Antonio, TX 78253	#:)		Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 01/24/2023	Full name of contributor out-of-state PAC (ID# Saidi, Brigitte B Contributor address; City; State; Zip Code San Antonio, TX 78257	<u>*</u> #:			Amount of Contribution (\$)	\$10.00
	Principal occurretired	pation / Job title (See Instructions)		Employer (See Instructions none	5)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 79/98 Rpt: 82/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 03/03/2023	 Full name of contributor out-of-state PAC (ID#:_Saidi, Brigitte B Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$10.00
0	Dringing ogg	San Antonio, TX 78257	6 Employer (See Instructions			
8	retired	pation / Job title (See Instructions)	9 Employer (See Instructions none)		
	Date 03/14/2023	Full name of contributor out-of-state PAC (ID#:_ Saidi, Brigitte B Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu	San Antonio, TX 78257 pation / Job title (See Instructions)	Employer (See Instructions			
	retired	pation / 300 title (3ee instructions)	none	,		
	Date 04/19/2023	Full name of contributor out-of-state PAC (ID#:_ Saidi, Brigitte B Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78209				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions none)		
	Date 05/16/2023	Full name of contributor out-of-state PAC (ID#:_ Saidi, Brigitte B Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$10.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions none)		
	Date 06/22/2023	Full name of contributor out-of-state PAC (ID#:_Saidi, Brigitte B Contributor address; City; State; Zip Code San Antonio, TX 78209			Amount of Contribution (\$)	\$10.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions none)		_

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 80/98 Rpt: 83/174	
2	FILER NAME Bexar Count	ry Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	on Filers)
4	Date 02/10/2023	 Full name of contributor out-of-state PAC (ID#:_ Sakai Campaign Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions)	9 Employer (See Instructions			
	Bexar Count	у	County Judge	,		
	Date 01/30/2023	Full name of contributor out-of-state PAC (ID#:_ Sandoval, Gina Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)	Employer (See Instructions)		
	Scrum Maste		USAA	,		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID#:_ Sandoval, Gina Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$220.00
		San Antonio, TX 78249				
	Principal occu IT systems A	pation / Job title (See Instructions) Analyst	Employer (See Instructions Fin svc co.)		
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#:_Sandoval, Gina Contributor address; City; State; Zip Code San Antonio, TX 78249			Amount of Contribution (\$)	\$50.00
	Principal occu Scrum Maste	pation / Job title (See Instructions) er	Employer (See Instructions USAA)		
	Date 05/31/2023	Full name of contributor out-of-state PAC (ID#:_Sandoval, Gina Contributor address; City; State; Zip Code San Antonio, TX 78249)		Amount of Contribution (\$)	\$50.00
	Principal occu Scrum Maste	pation / Job title (See Instructions) er	Employer (See Instructions USAA)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 81/98 Rpt: 84/174	
2	FILER NAME	y Domogratia Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
		y Democratic Party (CEC)		╄		
4	Date 05/30/2023	5 Full name of contributor out-of-state PAC (I Sandoval, Gina		7 	Amount of Contribution (\$)	\$65.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78249		<u>L</u>		
8	Principal occu Scrum Maste	pation / Job title (See Instructions) er	9 Employer (See Instructions USAA	s)		
	Date	Full name of contributor ut-of-state PAC (I	D#:)		Amount of Contribution (\$)	
	06/23/2023	Sandoval, Gina				\$75.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78249				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Scrum Maste	er	USAA			
	Date	Full name of contributor out-of-state PAC (I	D#:)	Τ	Amount of Contribution (\$)	
	01/09/2023	Sandoval, Virginia				\$10.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78249				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Scrum Maste	er	Fincl svcs co			
	Date	Full name of contributor out-of-state PAC (I	D#:)	Т	Amount of Contribution (\$)	
	02/02/2023	Sandoval, Virginia				\$10.00
		Contributor address; City; State; Zip Code		1		
		, , , ,				
		San Antonio, TX 78249				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Scrum Maste	er	Fincl svcs co			
	Date	Full name of contributor out-of-state PAC (I	D#:)	Т	Amount of Contribution (\$)	
	03/08/2023	Sandoval, Virginia			•	\$10.00
				·l		
		San Antonio, TX 78249				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Scrum Maste	er	Fincl svcs co			
_			1			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 82/98 Rpt: 85/174	
2	FILER NAME	ty Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 04/10/2023	Full name of contributor		7	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78249				
8	Principal occu Scrum Maste	pation / Job title (See Instructions) er	9 Employer (See Instructions Fincl svcs co	s)		
	Date 05/05/2023	Full name of contributor	:)	•	Amount of Contribution (\$)	\$10.00
	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)	Employer (See Instructions	s) 		
	Scrum Maste		Fincl svcs co	-,		
	Date 05/31/2023	Full name of contributor out-of-state PAC (ID# Sandoval, Virginia Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78249				
	Principal occu Scrum Maste	pation / Job title (See Instructions) er	Employer (See Instructions Fincl svcs co	s)		
	Date 06/22/2023	Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$50.00
	Principal occu	San Antonio, TX 78249 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Scrum Maste	er	Fincl svcs co	•		
	Date 05/31/2023	Full name of contributor out-of-state PAC (ID# Scherer, Jacquelyn Contributor address; City; State; Zip Code San Antonio, TX 78258	:)		Amount of Contribution (\$)	\$20.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed	5)		

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 83/98 Rpt: 86/174			
2	FILER NAME	Domogratic Porty (CEC)			3	Filer ID (Ethics Commission	Filers)		
		y Democratic Party (CEC) 5 Full name of contributor	-		Ļ	00059802			
4	Date 06/22/2023				7	Amount of Contribution (\$)	\$20.00		
		San Antonio, TX 78258							
8	Principal occu Not Employe	pation / Job title (See Instructions ed	(i)	9 Employer (See Instructions Not Employed	S)				
	Date 06/22/2023	Full name of contributor Schultz, David Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		•	Amount of Contribution (\$)	\$5.00		
		San Antonio, TX 78230			Ĺ				
	Principal occu Privacy / Sec	pation / Job title (See Instructions curity Officer	i)	Employer (See Instructions Self	5)				
	Date 05/05/2023	Full name of contributor Schulz, David Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00		
		San Antonio, TX 78230							
	Principal occu Privacy/Secu	pation / Job title (See Instructions urity Officer)	Employer (See Instructions SELF	5)				
	Date 05/05/2023	Full name of contributor Sinha, Shekhar Contributor address; City; St	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$5.00		
	•	pation / Job title (See Instructions mation Technology Profession	·	Employer (See Instructions Not applicable as retired	-				
	Date 05/31/2023	Full name of contributor Sinha, Shekhar Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$5.00		
		pation / Job title (See Instructions mation Technology Profession		Employer (See Instructions Not applicable as retired					

	MONEI	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to co	omplete this forr	n.	1	Total pages Schedule A1: Sch: 84/98 Rpt: 87/174	
2	FILER NAME	Demonstis Berty (OFO)			3	Filer ID (Ethics Commission	Filers)
_		y Democratic Party (CEC)			L	00059802	
4	Date 06/22/2023	 5 Full name of contributor out Sinha, Shekhar 6 Contributor address; City; State; Zip 	t-of-state PAC (ID#: p Code)	7	Amount of Contribution (\$)	\$5.00
Ω	Principal occu	San Antonio, TX 78261 pation / Job title (See Instructions)	la.	Employer (See Instructions			
0		mation Technology Professional	•	Not applicable as retired			
	Date 01/24/2023	Full name of contributor our Solis, Raul Contributor address; City; State; Zip	t-of-state PAC (ID#: o Code)		Amount of Contribution (\$)	\$22.00
		San Antonio, TX 78250					
	Principal occupation / Job title (See Instructions) Insurance Agent Employer (See Instructions) Future Concepts Gon:		Employer (See Instructions		Incurance Agency		
	insurance Aç	gent		Future Concepts Gonza	ies		
	Date 03/03/2023	Full name of contributor our Solis, Raul Contributor address; City; State; Zip	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$22.00
		San Antonio, TX 78250	•				
	•	pation / Job title (See Instructions)		Employer (See Instructions		Lancing America	
	Insurance Aç			Future Concepts Gonza	ies	Insurance Agency	
	Date 03/14/2023	Full name of contributor out Solis, Raul Contributor address; City; State; Zip San Antonio, TX 78250	t-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$22.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç	gent		Future Concepts Gonza	les	Insurance Agency	
	Date 04/10/2023	Full name of contributor our solis, Raul Contributor address; City; State; Zip San Antonio, TX 78250	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$22.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	Insurance Aç	gent		Future Concepts Gonza	les	Insurance Agency	

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	m.		ages Schedule A1: 5/98 Rpt: 88/174	
2	FILER NAME	ay Domogratic Party (CEC)			3 Filer ID 000598	(Ethics Commission	n Filers)
_		y Democratic Party (CEC)					
4	Date 05/16/2023	5 Full name of contributor Solis, Raul6 Contributor address; City; State	out-of-state PAC (ID#:ate; Zip Code)	7 Amount	t of Contribution (\$)	\$22.00
		San Antonio, TX 78250					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Insurance Aç	gent		Future Concepts Gonza	ıles Insurar	nce Agency	
	Date 06/15/2023	Full name of contributor Solis, Raul Contributor address; City; Sta	out-of-state PAC (ID#:)	Amount	t of Contribution (\$)	\$22.00
		San Antonio, TX 78250					
	Principal occu	pation / Job title (See Instructions))	Employer (See Instructions			
	Insurance Aç	gent		Future Concepts Gonza	ıles Insurar	nce Agency	
	Date 01/24/2023	Full name of contributor Spinks, Martha Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	Amount	t of Contribution (\$)	\$10.00
		San Antonio, TX 78216					
		pation / Job title (See Instructions)	1	Employer (See Instructions	s)		
	Not Employe	ed		Not Employed			
	Date 02/10/2023	Full name of contributor Spinks, Martha Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	Amount	t of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 03/14/2023	Full name of contributor Spinks, Martha Contributor address; City; Sta	out-of-state PAC (ID#:		Amount	t of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains hov	v to complete this fo	rm.	1	Total pages Schedule A1: Sch: 86/98 Rpt: 89/174	
2	FILER NAME	- D			3	Filer ID (Ethics Commission	n Filers)
		y Democratic Party (CEC)			L	00059802	
4	Date 04/10/2023	5 Full name of contributor Spinks, Martha6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
0	Dringing conu	San Antonio, TX 78216 pation / Job title (See Instructions		Employer (See Instructions			
0	Not Employe		5)	Not Employed	>)		
	Date 05/16/2023	Full name of contributor Spinks, Martha Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Dringinal occu	San Antonio, TX 78216 pation / Job title (See Instructions	<u>, </u>	Employer (See Instructions	<u>'</u>		
	Not Employe		5)	Not Employed	·)		
	Date 06/15/2023	Full name of contributor Spinks, Martha Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78216					
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Not Employe	ed		Not Employed			
	Date 05/20/2023	Full name of contributor Stonewall Democrats Contributor address; City; S San Antonio, TX 78212	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$155.25
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 01/09/2023	Full name of contributor Straus, Ian Contributor address; City; S San Antonio, TX 78233	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$15.00
	Principal occu market resea	pation / Job title (See Instructions arch	5)	Employer (See Instructions VIA Metropolitan Transi			

	MONEI	DNETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 87/98 Rpt: 90/174		
2	FILER NAME	Damagratia Dart. (CEC)			3	Filer ID (Ethics Commission	Filers)	
		y Democratic Party (CEC)	_			00059802		
4	Date 02/10/2023	5 Full name of contributor [Straus, Ian 6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$15.00	
		San Antonio, TX 78233						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)			
	market resea	arch		VIA Metropolitan Transit				
	Date 03/08/2023	Full name of contributor Straus, Ian Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00	
		San Antonio, TX 78233						
		pation / Job title (See Instructions)		Employer (See Instructions				
	market resea	arch		VIA Metropolitan Transit				
	Date 04/10/2023	Full name of contributor [Straus, Ian Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$15.00	
		San Antonio, TX 78233						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)			
	market resea	arch		VIA Metropolitan Transit				
	Date 05/05/2023	Full name of contributor Straus, Ian Contributor address; City; Sta San Antonio, TX 78233	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00	
	Principal occu market resea	pation / Job title (See Instructions) arch		Employer (See Instructions VIA Metropolitan Transit				
	Date 06/15/2023	Full name of contributor Straus, Ian Contributor address; City; Sta San Antonio, TX 78233	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$15.00	
	Principal occu market resea	pation / Job title (See Instructions) arch		Employer (See Instructions VIA Metropolitan Transit				
			1					

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 88/98 Rpt: 91/174	
2	FILER NAME	v Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	Filers)
_		y Democratic Party (CEC)			_		
4	Date 01/30/2023	5 Full name of contributor Sweet, Janae6 Contributor address; City; State;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78253					
8	Principal occu Not Employe		9	Employer (See Instructions Not Employed)		
	Date 03/03/2023	Full name of contributor Sweet, Janae Contributor address; City; State; San Antonio, TX 78253	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions) 		
	Not Employe			Not Employed			
	Date 05/05/2023	Full name of contributor Sweet, Janae Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
		San Antonio, TX 78253					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 05/31/2023	Full name of contributor Sweet, Janae Contributor address; City; State; San Antonio, TX 78253	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 06/22/2023	Full name of contributor Sweet, Janae Contributor address; City; State; San Antonio, TX 78253	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 89/98 Rpt: 92/174	
2	FILER NAME	P		3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)			00059802	
4	Date 01/24/2023	5 Full name of contributor out-of-state PAC (ID#:_ True-Courage, Zada		7	Amount of Contribution (\$)	\$15.00
		6 Contributor address; City; State; Zip Code				
	Dringing ogg	San Antonio, TX 78232	Employer (See Instructions	·/		
8	none	pation / Job title (See Instructions)	9 Employer (See Instructions none	s)		
	Date	Full name of contributor			Amount of Contribution (\$)	
	02/10/2023	True-Courage, Zada				\$15.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78232	_			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	none		none	_		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	#15.00
	03/14/2023	True-Courage, Zada				\$15.00
		Contributor address; City; State; Zip Code San Antonio, TX 78232				
	Dringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	·,		
	none	pation / 300 title (3ee instructions)	none	•)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/30/2023					\$5.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78207				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Student		UTSA			
	Date	Full name of contributor ut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/03/2023	Unden, Colton				\$5.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78207				
	Principal occu Student	pation / Job title (See Instructions)	Employer (See Instructions UTSA	s)		_
			1			

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULE	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 90/98 Rpt: 93/174	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Bexar Count	ty Democratic Party (CEC)			00059802	
4	Date 06/24/2023	5 Full name of contributor out-of-state PAC (ID# Van Eeden, Zoey		7	Amount of Contribution (\$)	\$5.00
		6 Contributor address; City; State; Zip Code San Antonio, TX 78247				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	?) 		
Ū	Student	parent, cop the (eee mendedone)	None	-,		
	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Г	Amount of Contribution (\$)	
	01/30/2023	Vaughn, Paul			(+)	\$30.00
				ł		
		San Antonio, TX 78209	_			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Senior Vice President		Source Strategies			
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	03/03/2023	Vaughn, Paul				\$30.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
	Senior Vice		Source Strategies	•		
	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Т	Amount of Contribution (\$)	
	03/21/2023	Vaughn, Paul			,	\$30.00
		Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78209	<u> </u>			
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Senior Vice		Source Strategies	_		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	***
	05/05/2023					\$30.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78209				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> S)		
	Senior Vice		Source Strategies	-		
_			<u> </u>			

	MONEI	ONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to com	plete this for	n.	1	Total pages Schedule A1: Sch: 91/98 Rpt: 94/174	
2	FILER NAME	y Democratic Party (CEC)			3	Filer ID (Ethics Commission 00059802	Filers)
		y Democratic Party (CEC)			L		
4	Date 05/31/2023	 5 Full name of contributor	state PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78209					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Senior Vice I	President		Source Strategies			
	Date 06/26/2023	Full name of contributor out-of- Vaughn, Paul Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78209					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Senior Vice I	President		Source Strategies			
	Date 04/24/2023	Full name of contributor out-of- Velasquez, Janie Contributor address; City; State; Zip C	state PAC (ID#: ode)		Amount of Contribution (\$)	\$25.00
		San Antonio, TX 78249					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Retired			Retired			
	Date 01/24/2023	Full name of contributor out-of- Warsaw, Jane Contributor address; City; State; Zip C	state PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 01/30/2023	Full name of contributor out-of- Warsaw, Jane Contributor address; City; State; Zip C	state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		

	MONEI	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 92/98 Rpt: 95/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
4	Date 03/03/2023	 Full name of contributor		7	Amount of Contribution (\$)	\$10.00
8	Principal occu Not Employe	San Antonio, TX 78254-5650 pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID#: Warsaw, Jane Contributor address; City; State; Zip Code San Antonio, TX 78254-5650)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	<u>l</u> S)		
	Date 03/29/2023	Full name of contributor out-of-state PAC (ID#:_ Warsaw, Jane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	•	San Antonio, TX 78254-5650 pation / Job title (See Instructions)	Employer (See Instructions	S)		
_	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#:_ Warsaw, Jane Contributor address; City; State; Zip Code San Antonio, TX 78254-5650	Not Employed		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	5)		
	Date 05/31/2023	Full name of contributor out-of-state PAC (ID#:_ Warsaw, Jane Contributor address; City; State; Zip Code San Antonio, TX 78254-5650)		Amount of Contribution (\$)	\$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)	Employer (See Instructions Not Employed	s)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 93/98 Rpt: 96/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	ı Filers)
4	Date 06/26/2023	 Full name of contributor	_	7	Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78254-5650				
8	Principal occu Not Employe	pation / Job title (See Instructions) ed	9 Employer (See Instructions Not Employed	s)		
	Date 01/30/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Not employe	d	Not employed			
	Date 03/03/2023	Full name of contributor out-of-state PAC (ID#:_ Wiatrowski, Lausanne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		SAN ANTONIO, TX 78209				
	Principal occu Not employe	pation / Job title (See Instructions) d	Employer (See Instructions Not employed	5)		
	Date 03/29/2023	Full name of contributor out-of-state PAC (ID#:_ Wiatrowski, Lausanne Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Not employe	d	Not employed			
	Date 05/05/2023	Full name of contributor out-of-state PAC (ID#:_ Wiatrowski, Lausanne Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209)		Amount of Contribution (\$)	\$25.00
	Principal occu Not employe	pation / Job title (See Instructions)	Employer (See Instructions Not employed	5)		

	MONETARY POLITICAL CONTRIBUTIONS				E A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 94/98 Rpt: 97/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	n Filers)
4	Date 05/31/2023	 Full name of contributor out-of-state PAC (ID#:_ Wiatrowski, Lausanne Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
_	Deignaignal	SAN ANTONIO, TX 78209	O Frankrian (Con Instructions			
8	Not employe	pation / Job title (See Instructions)	9 Employer (See Instructions Not employed)		
	Date Full name of contributor out-of-state PAC (ID#:) 06/26/2023 Wiatrowski, Lausanne Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Not employe		Not employed			
Date Full name of contributor out-of-state PAC (ID 05/16/2023 Williams, Melissa Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		San Antonio, TX 78202				
	Principal occu Not Employe	pation / Job title (See Instructions) ed	Employer (See Instructions Not Employed)		
	Date Full name of contributor out-of-state PAC (II 05/31/2023 Willoughby, Vickie Contributor address; City; State; Zip Code San Antonio, TX 78237				Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) Inspector		Employer (See Instructions HUD/FEMA)			
	Date 06/23/2023				Amount of Contribution (\$)	\$20.00
	Principal occu Inspector	pation / Job title (See Instructions)	Employer (See Instructions HUD/FEMA)		

	MONETARY POLITICAL CONTRIBUTIONS				A1		
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 95/98 Rpt: 98/174	
2	FILER NAME	5 (050)			3	Filer ID (Ethics Commission	Filers)
		y Democratic Party (CEC)				00059802	
4	Date 06/23/2023	5 Full name of contributor Willoughby, Vickie6 Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)	7	Amount of Contribution (\$)	\$30.00
		San Antonio, TX 78237					
8	Principal occu Inspector	pation / Job title (See Instructions)	9	Employer (See Instructions HUD/FEMA	i)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/24/2023 Wurgler, Steven Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5.00		
		San Antonio, TX 78223					
	Not Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Not Employed	5)		
Date Full name of contributor out-of-state PAC (ID#: 03/03/2023 Wurgler, Steven Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5.00		
		San Antonio, TX 78223					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
	Date Full name of contributor out-of-state PAC (ID#:_ 03/08/2023 Wurgler, Steven Contributor address; City; State; Zip Code San Antonio, TX 78223				Amount of Contribution (\$)	\$20.00	
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed		Employer (See Instructions Not Employed	()				
	Date Full name of contributor out-of-state PAC (ID#:) 04/10/2023 Wurgler, Steven Contributor address; City; State; Zip Code San Antonio, TX 78223				Amount of Contribution (\$)	\$20.00	
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		

	MONETARY POLITICAL CONTRIBUTIONS				E A1	
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 96/98 Rpt: 99/174	
2	FILER NAME	y Democratic Party (CEC)		3	Filer ID (Ethics Commission 00059802	Filers)
1	Date	<u> </u>	,	7	Amount of Contribution (\$)	
4	05/16/2023	 Full name of contributor		,	Amount of Contribution (\$)	\$20.00
		San Antonio, TX 78223				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Not Employe		Not Employed	,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/15/2023	Wurgler, Steven				\$20.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78223				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Not Employe		Not Employed	,		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/02/2023	YOUNG, MELANIE				\$10.00
		Contributor address; City; State; Zip Code				
		SAN ANTONIO, TX 78217				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	writer		The Nature Conservance	у		
Date		Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/03/2023	YOUNG, MELANIE				\$10.00
		Contributor address; City; State; Zip Code				
		SAN ANTONIO, TX 78217				
			Employer (See Instructions)		
		The Nature Conservance	y			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	03/29/2023					\$10.00
		Contributor address; City; State; Zip Code				
		SAN ANTONIO, TX 78217				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	writer	,	The Nature Conservance			
_			1	_		

	MONETARY POLITICAL CONTRIBUTIONS				E A1		
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 97/98 Rpt: 100/174	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Bexar Count	y Democratic Party (CEC)				00059802	
4	Date 05/05/2023	5 Full name of contributor YOUNG, MELANIE6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$10.00
		SAN ANTONIO, TX 78217					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions			
	writer			The Nature Conservanc	У		
	Date Full name of contributor out-of-state PAC (ID#:) 05/31/2023 YOUNG, MELANIE Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00		
		SAN ANTONIO, TX 78217					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	writer			The Nature Conservanc	у		
	Date Full name of contributor out-of-state PAC (ID#: 96/26/2023 YOUNG, MELANIE Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$10.00	
		SAN ANTONIO, TX 78217					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	writer			The Nature Conservanc	у		
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00		
	Principal occupation / Job title (See Instructions) Petroleum landmam Employer (See Instruction Self)				
	Date 02/10/2023	Full name of contributor Cochran, Karen e	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Contributor address; City; State San Antonio, TX 78209	e; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Petroleum la	ndmam		Self			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 98/98 Rpt: 101/174	
2	FILER NAME Bexar Count	y Democratic Party (CEC)		3 Filer ID (Ethics Commission Filers) 00059802	
4	Date 03/08/2023	5 Full name of contributor out-of-state PAC (ID#:_ cochran, Karen e 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$20.0	0
8	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Petroleum la		Self		
	Date 04/10/2023	Full name of contributor out-of-state PAC (ID#:_ cochran, Karen e Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$20.0	0
	Principal occu	San Antonio, TX 78209 pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Petroleum la	ındmam	Self		
Date Full name of contributor out-of-state PAC (ID#: 05/16/2023 cochran, Karen e Contributor address; City; State; Zip Code			Amount of Contribution (\$)	0	
		San Antonio, TX 78209			
	Principal occu Petroleum la	pation / Job title (See Instructions) undmam	Employer (See Instructions Self	ns)	
Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$) \$20.0	0	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	_
	Petroleum la	ındmam	Self		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 102/174 3 Filer ID (Ethics Commission Filers) FILER NAME Bexar County Democratic Party (CEC) 00059802 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 06/12/2023 Gomez, Raul \$54.00 Pride Items for Parade 7 Contributor address; City; State; Zip Code San Antonio, TX 78204 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Not Employed None 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 06/21/2023 Hernandez, Irene \$60.00 Purchased Pizza for Contributor address; City; State; Zip Code Volunteers San Antonio, TX 78260 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Office Manager Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

PLE	DGED CONTRIBUTIONS		SCHEDULE B
Т	he Instruction Guide explains how to	complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 103/174
2 FILER N.	AME		3 Filer ID (Ethics Commission Filers)
Bexar County Democratic Party (CEC)			00059802
4 TOTAL	OF UNITEMIZED PLEDGES		\$ 0.0
5 Date	6 Full name of pledgor out-of-stat	e PAC (ID#:	8 Amount of 9 In-kind description
	7 Pledgor Address; City; State;	Zip Code	pledge (\$) (If applicable)
			Check if travel outside of Texas. Complete Schedule
10 Principal	occupation / Job title (See Instructions)	11 Employer (See In:	structions)

L	OANS					SCHEDULE E
Ti	he Instructio	on Guide explains h	ow to complete th	is form.	· · · · · · · · · · · · · · · · · · ·	ges Schedule E: 1 Rpt: 104/174
	LER NAME exar County De	emocratic Party (CEC)			3 Filer ID 000598	(Ethics Commission Filers)
4 T(OTAL OF UN	IITEMIZED LOANS			1	\$ 0.00
5 Da	ate of loan	7 Name of lender	out-of-state	e PAC (ID#:)	9 Loan Amount (\$)
fin	lender a nancial stitution?	8 Lender address;	City; State	e; Zip Code		10 Interest Rate
						11 Maturity Date
12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions)						
14 De	escription of Coll	ateral		15 Check if personal	funds were deposited	d into political account (See Instructions)
	UARANTOR IFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City; State			
20 Pr	rincipal occupation	on		21 Employer (See Ins	structions)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

6 Amount (\$) \$26.13 7 Payee address; City; State; Zip Code PO Box 441146 Summerville, MA 02144-0031 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation	I Total names Schedule E1:					
4 Date 01/09/2023 5 Payee name Act Blue 5 Payee address; City; State; Zip Code PO Box 441146 Summerville, MA 02144-0031 8 PURPOSE OF EXPENDITURE 6 Candidate/Officeholder name 6 City; State; Zip Code Pee of 3.95% per donation 7 Po Box 441146 Summerville, MA 02144-0031 9 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name 7 Po Box 441146 Summerville, MA 02144-0031 Date 01/23/2023 Payee name Act Blue 6 Act Blue 7 Po Box 441146 Summerville, MA 02144-0031 PURPOSE OF EXPENDITURE 6 Act Blue 7 Po Box 441146 Summerville, MA 02144-0031 PURPOSE OF EXPENDITURE 6 Act Blue 7 Po Box 441146 Summerville, MA 02144-0031 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name 7 Po Box 441146 Summerville, MA 02144-0031 Date Office Sought 7 Po Box 6 Categories issed at the top of this schedule) Pee of 3.95% per donation 7 Pock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donation 7 Pothock if Auslin, TX, officeholder living expense Fee of 3.95% per donatio	L Total pages Schedule 11.	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Act Blue 7 Payee address; City; State; Zip Code PO Box 441146 Summerville , MA 02144-0031 8 PURPOSE OF EXPENDITURE Candidate/Officeholder name O1/23/2023 Act Blue Candidate/Officeholder name Office sought OF EXPENDITURE Payee address; City; State; Zip Code Office sought Office held Summerville , MA 02144-0031 Office held Summerville , MA 02144-0031 Payee address; City; State; Zip Code PO Box 441146 Summerville , MA 02144-0031 Purpose OF EXPENDITURE O1/23/2023 Candidate/Officeholder name O1/23/2023 O2/24	Sch: 1/65 Rpt:	Bexar County Democratic Party (CEC)			00059802	
Act Blue 7 Payee address; City; State; Zip Code PO Box 441146 Summerville , MA 02144-0031 8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Date OF EXPENDITURE Payee name Act Blue PURPOSE OF EXPENDITURE Act Blue Payee address; City; State; Zip Code PO Box 441146 Summerville , MA 02144-0031 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if ravel outside of Texas. Complete Schedule T. Check a Austin. TX, officerbolder Irving expenses Fee of 3.95% per donation Office held Payee name Act Blue Po Box 441146 Summerville , MA 02144-0031 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Check a Austin. TX, officerbolder Irving expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date ONLY if direct expenditure to benefit C/OH Date ONLY if direct expenditure to benefit C/OH Date ONLY if direct expenditure to benefit C/OH Payee name Act Blue Act Blue Amount (\$) Payee address; City; State; Zip Code	1 Date	5 Payee name		•		
\$26.13 PO Box 441146 Summerville , MA 02144-0031 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees	01/09/2023					
Summerville , MA 02144-0031 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Fee of 3.95% per donation 9 Complete ONLY if direct expenditure to benefit C/OH Date	6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
See Categories listed at the top of this schedule Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation	\$26.13	PO Box 441146				
See Categories listed at the top of this schedule Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation						
PURPOSE OF EXPENDITURE Page address; City; State; Zip Code POBOX 441146 Summerville , MA 02144-0031 PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE POR Categories listed at the top of this schedule) Fee of 3.95% per donation POR Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Office held Date O1/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code PO Box 441146 Summerville , MA 02144-0031 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date O1/23/2023 Act Blue Amount (\$) Payee name Act Blue Amount (\$) Payee address; City; State; Zip Code		Summerville , MA 02144-0031				
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	B PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
9 Complete QNLY if direct expenditure to benefit C/OH Date 01/23/2023			`	_	de of Texas. Com	plete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH Date 01/23/2023	EXPENDITURE		[_		gexpense
Date 01/23/2023 Arount (\$) Payee address; City; State; Zip Code PO Box 441146 Summerville , MA 02144-0031 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if valuation, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date 01/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code			-	-ee of 3.95% pe	r donation	
Date 01/23/2023 Amount (\$) Payee address; City; State; Zip Code PO Box 441146 Summerville , MA 02144-0031 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name O1/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code (a) Category (See Categories listed at the top of this schedule) Fees Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Act Blue Amount (\$) Payee address; City; State; Zip Code			<u> </u>		0". 1	
Act Blue Amount (\$) Payee address; City; State; Zip Code \$0.87 PO Box 441146 Summerville , MA 02144-0031 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date O1/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code			ıght		Office he	eld
Act Blue Amount (\$) Payee address; City; State; Zip Code \$0.87 PO Box 441146 Summerville , MA 02144-0031 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date O1/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code						
Amount (\$) Payee address; City; State; Zip Code \$0.87 PO Box 441146 Summerville , MA 02144-0031 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date O1/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code		'				
\$0.87 PO Box 441146 Summerville , MA 02144-0031 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code	01/23/2023	Act Blue				
Summerville , MA 02144-0031 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date 01/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code			ode			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date 01/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code	\$0.87	PO Box 441146				
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date 01/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code						
Fees Complete ONLY if direct expenditure to benefit C/OH Date 01/23/2023 Amount (\$) Payee address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iiving expense Fee of 3.95% per donation Office sought Office held Office held Office held State; Zip Code		Summerville , MA 02144-0031				
EXPENDITURE Fees Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct expenditure to benefit C/OH Date 01/23/2023 Amount (\$) Payee address; City; State; Zip Code		(a) Category (See Categories listed at the top of this schedule)	(b) D			
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Act Blue Amount (\$) Payee address; City; State; Zip Code		Fees	[
Complete ONLY if direct expenditure to benefit C/OH Date Payee name 01/23/2023 Amount (\$) Payee address; City; State; Zip Code						g expense
expenditure to benefit C/OH Date Payee name 01/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code				ос с. с.сс и ре		
Date Payee name 01/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıght		Office he	eld
01/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code			3			
01/23/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code	Date	Payee name				
Amount (\$) Payee address; City; State; Zip Code						
			nde			
75.52 1. 5 25X 1.32 15			Juo			
	40.01	TO BOX TITLE				
Summerville , MA 02144-0031		Summerville MA 02144-0031				
	DUDDOCE	(-) -	(6) 5			
PURPOSE OF Fees (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.		,	(D) 		de of Texas. Com	plete Schedule T.
EXPENDITURE Check if Austin, TX, officeholder living expense	EXPENDITURE	Fees		- -		
Fee of 3.95% per donation			F	ee of 3.95% pe	r donation	
	Complete ONLY if direct		ıght		Office he	eld
	expenditure to benefit C/O	п				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
· —						

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 2/65 Rpt:	2 FILER NAME Bexar County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00059802	
4	Date 01/23/2023	5 Payee name Act Blue	
6	Amount (\$) \$5.77	7 Payee address; City; State; Zip Code PO Box 441146	
		Summerville , MA 02144-0031	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 01/30/2023	Payee name Act Blue	
	Amount (\$) \$18.78	Payee address; City; State; Zip Code PO Box 441146	
		Summerville , MA 02144-0031	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 02/02/2023	Payee name Act Blue	
	Amount (\$) \$20.01	Payee address; City; State; Zip Code PO Box 441146	
		Summerville , MA 02144-0031	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

st Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/65 Rpt:	Bexar County Democratic Party (CEC)	00059802
4	Date	5 Payee name	
	02/10/2023	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5.57	PO Box 441146	
		Summerville , MA 02144-0031	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000	outside of Texas. Complete Schedule T.
	_		n, TX, officeholder living expense 6 per donation
		1 66 61 6.337	o per denation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
-	expenditure to benefit C/O		
_	Date	Payee name	
	03/03/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5.64	PO Box 441146	
	,		
		Summerville , MA 02144-0031	
	PURPOSE	(6) 0	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Fee of 3.95%	6 per donation
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/03/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$19.11	PO Box 441146	
		Summerville , MA 02144-0031	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Toyon, Complete Cabadule T
	EXPENDITURE	1003	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			6 per donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OH	1	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	03/03/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$18.67	PO Box 441146
		Summerville , MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee of 3.95% per donation
		ree of 3.93% per donation
L		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	03/08/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.30	PO Box 441146
		Summerville , MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fee of 3.95% per donation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experience to benefit eyer	
	Date	Payee name
	03/14/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.42	PO Box 441146
		Summerville , MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fee of 3.95% per donation
_		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Superiord to belieff 0/01	
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 5/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	03/21/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$9.97	PO Box 441146
		Summerville , MA 02144-0031
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee of 3.95% per donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	Date	Payee name
	03/29/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.26	PO Box 441146
		Summerville , MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee of 3.95% per donation
		1 66 of 6.55% per defiation
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/10/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.27	PO Box 441146
		Summerville , MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee of 3.95% per donation
		Fee of 3.95% per doffation
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ove)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commissi	on Filers)
	Sch: 6/65 Rpt:	Bexar County Democratic Party (CEC) 00059802	011 1 11010)
4	Date	5 Payee name	
	04/10/2023	Act Blue	
6	Amount (\$) \$5.15	7 Payee address; City; State; Zip Code PO Box 441146 Summerville , MA 02144-0031	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense Fee of 3.95% per donation	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	04/10/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.32	PO Box 441146	
		Summerville , MA 02144-0031	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fee of 3.95% per donation	
		1 cc of 0.3576 per donation	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	04/19/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.70	PO Box 441146	
	455		
		Summerville , MA 02144-0031	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fee of 3.95% per donation	
		1 ee of 3.3370 per domation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 7/65 Rpt:	Bexar County Democratic Party (CEC) 00059802	
4	Date	5 Payee name	
	05/05/2023	Act Blue	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$18.32	PO Box 441146	
		Summerville , MA 02144-0031	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fee of 3.95% per donation	
		Tee or 0.00% per doritation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
			_
	Date	Payee name	
	05/05/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.20	PO Box 441146	
		Summerville , MA 02144-0031	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fee of 3.95% per donation	
		Pee of 3.93% per donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O		
	Date	Payee name	
	05/05/2023	Act Blue	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$17.45	PO Box 441146	
		Summerville , MA 02144-0031	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fee of 3.95% per donation	
		Fee of 3.95% per donation	
	Operation ONLY if all part	Our distance (Office health an arrange of the constant of the	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 8/65 Rpt:	Bexar County Democratic Party (CEC)	00059802	
4	Date	5 Payee name	•	
	05/16/2023	Act Blue		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$5.95	PO Box 441146		
		Summerville , MA 02144-0031		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	1 665	outside of Texas. Complete Schedule T.	
			n, TX, officeholder living expense 6 per donation	
		1 66 61 6.567	per defication	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O			
_	Date	Payee name		
	05/16/2023	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$0.40	PO Box 441146		
		Summerville , MA 02144-0031		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Fees Check if travel	outside of Texas. Complete Schedule T.	
	LAPENDITORE	·	n, TX, officeholder living expense	
		Fee of 3.95%	ó per donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	9	Office Held	
	Date	Payee name		
	05/16/2023	Act Blue		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$9.10	PO Box 441146		

		Summerville , MA 02144-0031		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF		outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense	
		Fee of 3.95%	ó	
	0 1. 0			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	
	·			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above)

Fee of 3.95% per donation

Office held

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/65 Rpt: Bexar County Democratic Party (CEC) 00059802 4 Date Payee name 05/31/2023 Act Blue 6 Amount (\$) Payee address; City; State; Zip Code \$30.97 PO Box 441146 Summerville, MA 02144-0031 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/31/2023 Act Blue Amount (\$) Payee address; City; State; Zip Code \$16.25 PO Box 441146 Summerville, MA 02144-0031 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fee of 3.95% per donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/15/2023 Act Blue Amount (\$) Payee address: City; State; Zip Code \$4.77 PO Box 441146 Summerville, MA 02144-0031 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magney/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	06/15/2023	Act Blue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.63	PO Box 441146
		Summerville , MA 02144-0031
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee of 3.95% per donation
		ree of 3.33% per donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	06/22/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.90	PO Box 441146
		Summerville , MA 02144-0031
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fee of 3.95% per donation
L	Operation ONE V # discort	Open Fields (Office health and an annual to the control of the con
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕		
	Date	Payee name
	06/22/2023	Act Blue
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.40	PO Box 441146
		Summerville , MA 02144-0031
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fee of 3.95% per donation
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1: Sch: 11/65 Rpt:	FILER NAME Bexar County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00059802
4	Date 06/22/2023	5 Payee name Act Blue	·
6	Amount (\$) \$0.20	7 Payee address; City; State; Zip Code PO Box 441146 Summerville , MA 02144-0031	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 06/26/2023	Payee name Act Blue	
	Amount (\$) \$13.92	Payee address; City; State; Zip Code PO Box 441146 Summerville , MA 02144-0031	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fee of 3.95% per donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 03/17/2023	Payee name AdelitaTortilla Factory	
	Amount (\$) \$92.55	Payee address; City; State; Zip Code 1130 Fresno	
		San Antonio, TX 78201	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Student Visitation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card r dyment	The Instruction Guide explains how to comp	olete t	his form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 12/65 Rpt:	Bexar County Democratic Party (CEC)			00059802	
4	Date	5 Payee name		ı		
	01/09/2023	Alaniz, Linda (Ms.)				
6	Amount (\$)	7 Payee address; City; State; Zip Code)			
	\$600.00	10435 Horn Blvd				
		San Antonio, TX 78240				
8	PURPOSE) De	scription		
•	OF	Salaries/Wages/Contract Labor		Check if travel outside	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Calanos, magos, com acc zaso.		Check if Austin, TX,		
			Pa	yment for Adn	ninistrative S	Services
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	it		Office he	eld
	experioration benefit C/O	1				
	Date	Payee name				
	05/19/2023	Alaniz, Linda (Ms.)				
	Amount (\$)	Payee address; City; State; Zip Code)			
	\$472.00	10435 Horn Blvd				
		San Antonio, TX 78240				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) De	scription		
	OF EXPENDITURE	Loan Repayment/Reimbursement	_	Check if travel outsid	de of Texas. Com	plete Schedule T.
	EXPENDITURE			Check if Austin, TX,		
			Re	eimbursement	tor Political	Plastic Banners
	Commiste ONII V if diseast	Condidate/Officeholder rema			Office he	la la
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	IL		Office he	eia
	Date	Payee name				
	01/06/2023	Alcantara, Monica				
	Amount (\$)	Payee address; City; State; Zip Code)			
	\$800.00	26041 Cypress Oaks				
		San Antonio, TX 78255				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) De	scription		
	OF EXPENDITURE	Salaries/Wages/Contract Labor	-	Check if travel outside		
				Check if Austin, TX, yment for Adn		
			ıα	tyment for Aun	illinstrative s	Dervices
	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	ald.
	expenditure to benefit C/OI	•	ıı		Office He	สน

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	04/14/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.22	440 Terry Ave
		Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ink Cartridges
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/14/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$128.70	440 Terry Ave
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		. Check if Austin, TX, officeholder living expense Ink Cartridge
		ink Suitings
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/13/2023	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.58	125 NW Loop 410
		San Antonio, TX 78216
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Upgrade Office Computers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	01/23/2023	CPS ENERGY
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$107.31	P.O. Box 2678
		San Antonio, TX 78289
8	PURPOSE	
°	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Electricity
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/21/2023	CPS ENERGY
	Amount (\$)	Payee address; City; State; Zip Code
	\$77.99	P.O. Box 2678
		San Antonio, TX 78289
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Electricity
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2023	CPS ENERGY
	Amount (\$)	Payee address; City; State; Zip Code
	\$224.84	P.O. Box 2678
		San Antonio, TX 78289
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Electricity
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 15/65 Rpt:	2 FILER NAME Bexar County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00059802
4	Date 04/21/2023	5 Payee name CPS ENERGY
6	Amount (\$) \$96.21	7 Payee address; City; State; Zip Code P.O. Box 2678
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78289 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electricity
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/19/2023	Payee name CPS ENERGY
	Amount (\$) \$148.98	Payee address; City; State; Zip Code P.O. Box 2678 San Antonio, TX 78289
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electricity
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/21/2023	Payee name CPS ENERGY
	Amount (\$) \$185.99	Payee address; City; State; Zip Code P.O. Box 2678
		San Antonio, TX 78289
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Electricity
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)
Sch: 16/65 Rpt:	Bexar County Democratic Party (CEC)		00059802	
4 Date	5 Payee name			
01/06/2023	Constant Contacts			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$207.87	1601 Trapelo Rd.			
	Waltham, MA 02451			
8 PURPOSE		(b) Descriptio		
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		। ravel outside of Texas. Complete Schedule	e T.
EXPENDITURE	7 diversising Expense	_	Austin, TX, officeholder living expense	
		Email Ma	rketing System	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held	
expenditure to benefit C/O	п			
Date	Payee name			
02/06/2023	Constant Contacts			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$207.87	1601 Trapelo Rd.			
	Waltham, MA 02451			
PURPOSE		(b) December		
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1 ravel outside of Texas. Complete Schedule	e T.
EXPENDITURE	Advertising Expense	. —	Austin, TX, officeholder living expense	
		Email Ma	rketing System	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
03/06/2023	Constant Contacts			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$207.87	1601 Trapelo Rd.			
,				
	Waltham, MA 02451			
DUDDOST		100		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1 ravel outside of Texas. Complete Schedule	ъ Т
EXPENDITURE	Advertising Expense	, <u>, , , , , , , , , , , , , , , , , , </u>	Austin, TX, officeholder living expense	
		_ —	rketing System	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held	
expenditure to benefit C/O		-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Office Over Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/We

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 17/65 Rpt:	Bexar County Democratic Party (CEC)	00059802
4 Date	5 Payee name	
04/06/2023	Constant Contacts	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$207.87	1601 Trapelo Rd.	
	Waltham, MA 02451	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Email Marketing System
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
experialiture to belieff C/O		
Date	Payee name	
05/06/2023	Constant Contacts	
Amount (\$)	Payee address; City; State; Zip C	Code
\$207.87	1601 Trapelo Rd.	
	Waltham, MA 02451	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Email Marketing System
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
experientare to benefit 6/6		
Date	Payee name	
06/06/2023	Constant Contacts	
Amount (\$)	Payee address; City; State; Zip C	Code
\$207.87	1601 Trapelo Rd.	
	Waltham, MA 02451	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Email Marketing Software
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	п	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 18/65 Rpt:	2 FILER NAME Bexar County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00059802
4	Date 04/18/2023	5 Payee name Costco
6	Amount (\$) \$76.41	7 Payee address; City; State; Zip Code 5611 UTSA Blvd
8	PURPOSE OF EXPENDITURE	San Antonio, TX 78249 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Water & Snacks for Office
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/15/2023	Payee name FHK PC
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 9501 Console Dr San Antonio, TX 78229
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Preparation of 1099 forms for canvassers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/31/2023	Payee name Google
	Amount (\$) \$31.97	Payee address; City; State; Zip Code 110 E. Houston St. #300
		San Antonio, TX 78205
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense I Cloud Storage
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	02/23/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.19	110 E. Houston St. #300
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense I Cloud Storage
		1 Cloud Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	03/23/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	110 E. Houston St. #300
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense I Cloud Storage
		1 Cloud Storage
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	04/23/2023	Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	110 E. Houston St. #300
		San Antonio, TX 78205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		I Cloud Storage
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	05/23/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.19	110 E. Houston St. #300
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense I Cloud Storage
		1 Cloud Storage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	06/23/2023	Google
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	110 E. Houston St. #300
	Ψ5.13	110 E. Houston St. #300
		San Antonio, TX 78205
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		I Cloud Storage
L	2	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	04/10/2023	Guaranty Locksmith
	Amount (\$)	Payee address; City; State; Zip Code
	\$81.19	10501 Huebner Rd
		San Antonio, TX 78240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Lockbox for Front Door
		LOCKBOX IOI FIORE DOOI
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 21/65 Rpt:	Bexar County Democratic Party (CEC)	00059802
4	Date	5 Payee name	
	01/09/2023	Gutierrez, Gloria	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$600.00	9115 Blockade Dr	
		San Antonio, TX 78240	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T.
	EXPENDITORE	,	n, TX, officeholder living expense
		Payment for	Administrative Services
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	- experientare to benefit of or		
	Date	Payee name	
	04/04/2023	Guzman, Eva	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.95	3938 Knollwood	
		San Antonio, TX 78247	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loui Repayment Louisement	l outside of Texas. Complete Schedule T.
		·	n, TX, officeholder living expense nent for HEB purchase of food for
		workshop pa	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office Held
	Data		
	Date 04/04/2023	Payee name	
		HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.95	2118 Fredericksburg Rd	
		San Antonio, TX 78201	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 dod/beverage Expense	outside of Texas. Complete Schedule T.
		,	n, TX, officeholder living expense rkshop Participants
		1 ood for wor	reshop i articipants
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	02/15/2023	Hernandez, Irene
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$757.68	811 Highland Knoll
		San Antonio, TX 78260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Manager Salary
		Office Manager Salary
Ļ	Commiste ONII V if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u> </u>	
	Date	Payee name
	02/28/2023	Hernandez, Irene
	Amount (\$)	Payee address; City; State; Zip Code
	\$757.69	811 Highland Knoll
		San Antonio, TX 78260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Manager Salary
		Since manager salary
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
┕		
	Date	Payee name
	03/15/2023	Hernandez, Irene
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$757.68	811 Highland Knoll
		San Antonio, TX 78260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office Manager Salary
\vdash	Commission Chill V '' ''	Condidate (Office helder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	- Farmana to sonone of or	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	03/30/2023	Hernandez, Irene
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$757.69	811 Highland Knoll
		San Antonio, TX 78260
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Office Manager Salary
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	04/18/2023	Hernandez, Irene
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$76.41	811 Highland Knoll
	Ψ10. 4 1	off riightand Kilon
		San Antonio, TX 78260
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Water and Snacks for Office
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/14/2023	Hernandez, Irene
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$757.68	811 Highland Knoll
		San Antonio, TX 78260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EX. ENDITORE	Check if Austin, TX, officeholder living expense Office Manager Salary
		Office Manager Salary
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Manager Salary		Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
Date O4/28/2023 5 Payee name Hernandez, Irene Hernandez, Irene S757.69 S11 Highland Knoll San Antonio, TX 78260 (a) Category (see Categories listed at the top of this schedule) Check if favoid cutelled of Toola. Complete Schodule T. Check if Justilia, TX, difficeholder in Salaries/Wages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in Salaries, Mages/Contract Labor Check if Justilia, TX, difficeholder in	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Hernandez, Irene Payee address: City: State: Zip Code S757.69 San Antonio, TX 78260 San Antonio, TX 78260 Salaries/Wages/Contract Labor Office sought Office held Offi		Sch: 24/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
Amount (\$) S757.69 S11 Highland Knoll San Antonio, TX 78260	4	Date	5 Payee name
\$757.69 811 Highland Knoll San Antonio, TX 78260 3 PURPOSE OF Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure Amount (\$) Payee name Payee andress; City: State; Zip Code Salaries/Wages/Contract Labor Office Sought Office Manager Salary (b) Description Concided Austin, Tx, dischadule of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Amount (\$) Payee name Payee andress; City: State; Zip Code \$757.69 811 Highland Knoll San Antonio, TX 78260 Purpose (a) Category (see Categories listed at the top of this schedule) San Antonio, TX 78260 Purpose Amount (\$) Payee address; City: State; Zip Code \$757.69 811 Highland Knoll San Antonio, TX 78260 Purpose (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Office Manager Salary (b) Description Complete ONLY if direct expenditure to Description Complete ONLY if direct Candidate/Officeholder name Office Manager Salary Office Manager Salary Complete ONLY if direct Candidate/Officeholder name Office Manager Salary Office Manager Salary		04/28/2023	Hernandez, Irene
San Antonio, TX 78260 PURPOSE OF EXPENDITURE	6		
PURPOSE OF EXPENDITURE		\$757.69	811 Highland Knoll
PURPOSE OF EXPENDITURE			
Check if three dustade of Treas. Complete Schedule T. Check if Austin, TX. officeholder fiving opportee Office Palace (Conditional Conditional Con			
Complete ONLY if direct expenditure to benefit C/OH	8		
Description Complete ONLY if direct expenditure to benefit C/OH Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code \$11 Highland Knoll San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office Manager Salary Office held Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code \$757.69 811 Highland Knoll San Antonio, TX 78260 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Office sought Office held Office held Office held Office held Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITURE	Calaries/ Wages/Contract Eabor
Date 05/15/2023 Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code 811 Highland Knoll San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date 05/30/2023 Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code 811 Highland Knoll San Antonio, TX 78260 Purpose Office Manager Salary (b) Description Confice Manager Salary Office Held Office Held Office Held Date 05/30/2023 Furpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) San Antonio, TX 78260 Purpose OF EXPENDITURE (b) Description (b) Description Check if huster outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder of Texas. Complete Schedule T. Check if Austin, TX. officeholder in the top of this schedule) Office Manager Salary Complete QNLY if direct Candidate/Officeholder name Office sought Office Manager Salary Complete QNLY if direct Candidate/Officeholder name Office sought Office held			Office Manager Salary
Date 05/15/2023 Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code 811 Highland Knoll San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date 05/30/2023 Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code 811 Highland Knoll Date 05/30/2023 Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code 811 Highland Knoll San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) San Antonio, TX 78260 PURPOSE OF EXPENDITURE (b) Description Check if avaid outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder of Texas. Complete Schedule T. Check if Austin, TX, officeholder of Texas. Complete Schedule T. Check if Austin, TX, officeholder iving expense Office Manager Salary Complete QNLY if direct Candidate/Officeholder name Office sought Office Manager Salary			
Date 05/15/2023	9		
Amount (\$)		experientare to benefit oron	<u>'</u>
Amount (\$)			
\$757.68 811 Highland Knoll San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date O5/30/2023 Amount (\$) Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code \$757.69 811 Highland Knoll San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) San Antonio, TX 78260 (b) Description (b) Description (c) Description (d) Description Salaries/Wages/Contract Labor (a) Category (see Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office Manager Salary Office Manager Salary		05/15/2023	Hernandez, Irene
San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date 05/30/2023 Amount (\$) Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code 811 Highland Knoll San Antonio, TX 78260 PURPOSE OF Salaries/Wages/Contract Labor (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if Austin, TX, officeholder Inving expense (b) Description Check if Austin, TX, officeholder Inving expense Office Manager Salary (b) Description Check if Austin, TX, officeholder Inving expense Office Manager Salary (c) Description Check if Austin, TX, officeholder Inving expense Office Manager Salary (d) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate/Officeholder name Office Sought Office Manager Salary			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code \$757.69 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if vaustin, TX, officeholder inving expense Office Manager Salary Office held Office held Office held Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code \$757.69 811 Highland Knoll San Antonio, TX 78260 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Office Manager Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$757.68	811 Highland Knoll
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Date Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code \$757.69 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if vaustin, TX, officeholder inving expense Office Manager Salary Office held Office held Office held Payee name Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code \$757.69 811 Highland Knoll San Antonio, TX 78260 Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Office Manager Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Salaries/Wages/Contract Labor Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Date			San Antonio, TX 78260
Complete ONLY if direct expenditure to benefit C/OH			
Complete ONLY if direct expenditure to benefit C/OH Date O5/30/2023			Galaries, Wages, Contract Easter
Date 05/30/2023			Office Manager Salary
Date 05/30/2023			
Date 05/30/2023			· · · · · · · · · · · · · · · · · · ·
D5/30/2023 Hernandez, Irene Amount (\$) Payee address; City; State; Zip Code \$757.69 \$11 Highland Knoll San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Manager Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held		experiditure to benefit C/O	
Amount (\$) Payee address; City; State; Zip Code \$757.69 811 Highland Knoll San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
\$757.69 811 Highland Knoll San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Manager Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held		05/30/2023	Hernandez, Irene
San Antonio, TX 78260 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Manager Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Manager Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held		\$757.69	811 Highland Knoll
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Manager Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Manager Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held			San Antonio, TX 78260
EXPENDITURE Salaries/Wages/Contract Labor Check if Austin, TX, officeholder living expense Office Manager Salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Salaries/Wages/Contract Labor
expenditure to benefit C/OH			
		expenditure to benefit C/O	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 25/65 Rpt:	Bexar County Democratic Party (CEC) 00059802	
4	Date	5 Payee name	
	06/15/2023	Hernandez, Irene	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$757.68	811 Highland Knoll	
		San Antonio, TX 78260	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Pay for Office Manager	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	н	
	Date	Payee name	
	06/30/2023	Hernandez, Irene	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$757.69	811 Highland Knoll	
		San Antonio, TX 78260	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor	
		Pay for Office Manager	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	
	Date	Payee name	=
	01/17/2023	IRS	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$175.44	324 25th St.	
		Ogden, UT 84401	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense IRS Taxes	
		into raxes	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	y	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·	Salaries/\	Vages	s/Contract Labor		OTHER (enter a	a category not listed above)	
			The Instructio	n Guide ex	plains how to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	.)
	Sch: 26/65 Rpt:		Bexar Coun	ty Democrat	ic Party (CEC)				00059802		
4	Date	5	Payee name									
	01/31/2023		IRS									
6	Amount (\$)	7	Payee addres	ss; City;		State; Zip Co	ode					
	\$134.04		324 25th St.									
	•											
			Ogden, UT 8	24401								
Ļ		_					<i>a</i> >					
8	PURPOSE OF	(a)	Category (Se			this schedule)	(b)	Description		d4.T O	oulete Celesdule T	
	EXPENDITURE		Salaries/Wa	ges/Contrac	t Labor					officeholder livin	nplete Schedule T.	
								IRS Taxes	, .,.,	omeeneder avan	genpenee	
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ıaht			Office h	eld	
ľ	expenditure to benefit C/O		Janaidate/Offic	onoider name	•	Cilico 300	.g. 11			Office II		
_		_										_
	Date		Payee name									
	03/15/2023		IRS									
	Amount (\$)		Payee addres	ss; City;		State; Zip Co	ode					
	\$314.68		324 25th St.									
			Ogden, UT 8	34401								
	PURPOSE	(a)	Category (Se	e Categories liste	d at the top of	this schedule)	(b)	Description				
	OF		Salaries/Wa			and concadio)			outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE			J				ш	, TX,	officeholder livin	g expense	
								IRS Taxes				
	Complete ONLY if direct		Candidate/Offic	eholder nam	е	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	04/17/2023		IRS									
	Amount (\$)		Payee addres	s; City;		State; Zip Co	ode					
	\$314.68		324 25th St.									
			Ogden, UT 8	R4401								
_	PURPOSE	(0)					(b)	D				
	OF	(a)	Category _{(Se} Salaries/Wa			this schedule)	(D)	Description Check if travel	outsi	de of Texas, Cor	nplete Schedule T.	
	EXPENDITURE		Salalles/Wa	ges/Contrac	i Labui					officeholder livin		
								IRS Taxes				
	Complete ONLY if direct		Candidate/Offic	ceholder name	9	Office sou	ıght			Office h	eld	
	expenditure to benefit C/O						-					
l												

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	05/15/2023	IRS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$314.68	324 25th St.
		Ogden, UT 84401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense IRS Taxes
		INS Taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/Ol	
┡		
	Date	Payee name
L	06/15/2023	IRS
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.68	324 25th St.
		Ogden, UT 84401
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Payroll Taxes
L	0 1: 01:14 7 1	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	<u>'</u>	
	Date	Payee name
	04/08/2023	Imprint
	Amount (\$)	Payee address; City; State; Zip Code
	\$616.32	14550 Beechnut St.
		Houston, TX 77083
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Political T-Shirts
\vdash	Complete ONII V if allows	Condidate/Officeholder name
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	nse Printin Salarie	_	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1: Sch: 28/65 Rpt:		E nty Democratic Party	/(CEC)			3	Filer ID 00059802	(Ethics Commission Filers)
4		_		, (0_0)					
4	Date 05/15/2023	5 Payee name Imprint	;						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code				
	\$729.98	14550 Bee	chnut St.						
		Houston, T	X 77083						
8	PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE		/Fundraising Expens						plete Schedule T.
						Political T-Sh		officeholder living	j expense
9	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office s	sought			Office he	eld
H	Date	Payee name	2						
	05/18/2023	Imprint							
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$924.53	14550 Bee	chnut St.						
		Houston, T	X 77083						
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Solicitation	/Fundraising Expens	se				de of Texas. Com officeholder living	plete Schedule T.
						Political T-Sh			, 0,,00,100
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought			Office he	eld
	Date	Payee name)						
	01/14/2023	Intuit Quick	kbooks						
	Amount (\$)	Payee addre	ess; City;	State; Zip	Code				
	\$47.97	2800 E. Co	ommerce Center Plac	ce					
		Tucson, Az	Z 85706						
	PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Salaries/W	ages/Contract Labor					de of Texas. Com officeholder living	plete Schedule T.
						Payroll Subso			onheilde
						,	1-		
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office s	ought			Office he	eld

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 29/65 Rpt:	Bexar County Democratic Party (CEC)	00059802
4	Date	5 Payee name	
	02/14/2023	Intuit Quickbooks	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$53.30	2800 E. Commerce Center Place	
		Tucson, AZ 85706	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Galaries/Wages/Contract Eabor	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
		Payroll Subs	
		T dyron Subs	Scription
_	Commission ONLL V if disposit	Constitute (Office helder no rec	Office held
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	03/14/2023	Intuit Quickbooks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.30	2800 E. Commerce Center Place	
		Tucson, AZ 85706	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Cortifact Eabor	el outside of Texas. Complete Schedule T.
		l	in, TX, officeholder living expense
		Payroll Subs	scription
	0 1: 0 1: 1		000
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	<u>'</u>		
	Date	Payee name	
	04/14/2023	Intuit Quickbooks	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$53.30	2800 E. Commerce Center Place	
		Tucson, AZ 85706	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.
	_	l	in, TX, officeholder living expense
		Payroll Subs	SCHPHOT
_	Computate Chill V 'C ''	Constitute (Office helden name	Office hald
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 30/65 Rpt:	Bexar County Democratic Party (CEC) 00059802				
4	Date	5 Payee name				
	05/14/2023	Intuit Quickbooks				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$53.30	2800 E. Commerce Center Place				
		Tucson, AZ 85706				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Salaries/Wages/Contract Labor				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Payroll Subscription				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
3	expenditure to benefit C/O					
_	Date	Davisa nama				
	06/14/2023	Payee name Intuit Quickbooks				
		-				
	Amount (\$) \$53.30	Payee address; City; State; Zip Code 2800 E. Commerce Center Place				
	Φ53.30	2800 E. Confinerce Center Place				
		T 47 05700				
		Tucson, AZ 85706				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Payroll Subscription				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				
	Date	Payee name				
	01/04/2023	JVC Media, LLC				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$102.85	9335 Lamerton				
	•					
		San Antonio, TX 78250				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Office Overhead/Rental Expense				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Political Merchandise				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	05/19/2023	Los Caballos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$472.00	1112 Mercado Jamaica
		Mexico City Cd de Mexico 15800 Mexico
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense
		Check if Austin, TX, officeholder living expense Political Plastic Banners
		Folitical Flastic Ballilets
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/10/2023	Lowe's
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.43	7901 Callaghan Rd
		San Antonio, TX 78229
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies
		Supplies
	Compulate ONLY if direct	Condidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	03/22/2023	McAfee
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.64	6220 America Center Drive
		San Jose, CA 95002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Virus Protection for Office Manager's Computer
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		Vages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
L	<u> </u>			The Instruction	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 32/65 Rpt:		Bexar Cour	nty Democratic	Party (CEC))				00059802		
4	Date	5	Payee name									
	01/19/2023		Metro									
<u>-</u>	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	nde					
ľ	\$40.00	ľ	P.O. Box 52		Olulo	, Zip 00	Juc					
	Ψ40.00		1 .O. DOX 3.	113								
l												
			Carol Strea	m, IL 60197								
8	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental E	xpense						nplete Schedule T.	
								_		officeholder livin	g expense	
								Office Cell Ph	ıor	ie		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/Oi	П										
	Date		Payee name									
	02/19/2023		Metro									
H	Amount (\$)	H	Payee addre	ss; City;	State	; Zip Co	ode					
	\$40.00		P.O. Box 53	-								
	¥ 10.00											
			Carol Ctros	II CO107								
L		L	Caroi Sirea	m, IL 60197								
	PURPOSE OF	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental E	xpense			=		de of Texas. Con officeholder livin	nplete Schedule T.	
								Office Cell Ph			y expense	
⊢	Complete ONLY if direct	<u> </u>	Candidata/Off	ceholder name		Office sou	abt			Office h	old	
l	expenditure to benefit C/OI		Candidate/On	cenoidei name	•	Jilice Sou	gni			Office fi	eiu	
┕		_										
	Date		Payee name									
	03/19/2023		Metro									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$40.00		P.O. Box 52	119								
			Carol Strea	m, IL 60197								
H	PURPOSE	(2)					(h)	Description				
	OF	(۵)		ee Categories listed a head/Rental E		nedule)	(5)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Over	neau/Rentai E	xpense			<u></u>		officeholder livin		
								Office Cell Ph	nor	ie		
一	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI				·		J -					
\vdash												
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	04/19/2023	Metro
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.00	P.O. Box 5119
		Carol Stream, IL 60197
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Cell Phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
_	Date	Davies warms
	05/19/2023	Payee name Metro
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 5119
		Carol Stream, IL 60197
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Cell Phone
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
┝	Data	
	Date 06/20/2023	Payee name Metro
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	P.O. Box 5119
		Carol Stream, IL 60197
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Cell Phone
		Since Sell'i Hone
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	01/04/2023	Microsoft 365
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.93	401 E. Sonterra Blvd
		San Antonio, TX 78258
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Computer Software
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	'	
	Date	Payee name
L	01/05/2023	Microsoft 365
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.93	401 E. Sonterra Blvd
l		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense Computer Software
		Computer Continue
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	o
-	Date	Payee name
	02/05/2023	Microsoft 365
-	Amount (\$)	Payee address; City; State; Zip Code
	\$8.93	401 E. Sonterra Blvd
	φο.οσ	101 E. Golfiella Bird
		San Antonio, TX 78258
	DUDDOOF	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Computer Software
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 35/65 Rpt:	2 FILER NAME Bexar County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00059802
4	Date 02/05/2023	5 Payee name Microsoft 365
6	Amount (\$) \$8.93	7 Payee address; City; State; Zip Code 401 E. Sonterra Blvd San Antonio, TX 78258
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Computer Software
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/04/2023	Payee name Microsoft 365
	Amount (\$) \$108.24	Payee address; City; State; Zip Code 401 E. Sonterra Blvd San Antonio, TX 78258
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Computer Software
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 03/05/2023	Payee name Microsoft 365
	Amount (\$) \$8.93	Payee address; City; State; Zip Code 401 E. Sonterra Blvd
		San Antonio, TX 78258
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Computer Software
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	03/05/2023	Microsoft 365
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.93	401 E. Sonterra Blvd
		San Antonio, TX 78258
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Computer Software
		Computer Software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	Complete ONLY if direct expenditure to benefit C/OI	
⊨	5.	
	Date	Payee name
	04/04/2023	Microsoft 365
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.93	401 E. Sonterra Blvd
		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Computer Software
		Computer Software
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
⊨	Data	
	Date 04/05/2023	Payee name Microsoft 365
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.93	401 E. Sonterra Blvd
		San Antonio, TX 78258
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Computer Software
		Computer Software
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	plete this fo	rm.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 37/65 Rpt:	Bexar County Democratic Party (CEC)			00059802	
4	Date	5 Payee name				
	05/05/2023	Microsoft 365				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$8.93	401 E. Sonterra Blvd				
		San Antonio, TX 78258				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Descript	tion		
	OF EXPENDITURE	Office Overhead/Rental Expense				nplete Schedule T.
				k if Austin, TX, Iter Softw	officeholder livin	g expense
			Соттра	ater Soltw	arc	
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office h	eld
	expenditure to benefit C/O				011100 11	old .
_	Date	Payee name				
	05/05/2023	Microsoft 365				
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$8.93	401 E. Sonterra Blvd	-			
	Ψ0.33	401 L. Someria Biva				
		San Antonio, TX 78258				
	DUDDOCE		2) 5			
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Descript		de of Texas. Con	nplete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense			officeholder livin	
			Compu	ıter Softw	are	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office h	eld
	expenditure to benefit C/Ol	л 				
	Date	Payee name				
	05/09/2023	Microsoft 365				
	Amount (\$)	Payee address; City; State; Zip Code	Э			
	\$75.76	401 E. Sonterra Blvd				
		San Antonio, TX 78258				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Descript	tion		
	OF EXPENDITURE	Office Overhead/Rental Expense				nplete Schedule T.
	EXI ENDITORE		ш		officeholder living	g expense
			Соттри	ıter Softw	are	
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt .		Office h	ald
	expenditure to benefit C/O		ıı		Onice II	GIU

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	06/04/2023	Microsoft 365
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.93	401 E. Sonterra Blvd
		San Antonio, TX 78258
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Computer Software
		Computer Convace
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	06/04/2023	Microsoft 365
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.93	401 E. Sonterra Blvd
		San Antonio, TX 78258
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Computer Software
	!	Computer Contract
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/03/2023	Neil Enterprises, Inc
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.75	W. 6316 Design Drive
		Greenville, WI 54942
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Solicitation/Fundraising Expense
	-	Check if Austin, TX, officeholder living expense
		Button Making Supplies
	0 1: 0 1: 1	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
		·

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 39/65 Rpt:	2 FILER NAME Bexar County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00059802
4	Date 05/07/2023	5 Payee name Neil Enterprises, Inc
6	Amount (\$) \$295.50	7 Payee address; City; State; Zip Code W. 6316 Design Drive
8	PURPOSE OF EXPENDITURE	Greenville, WI 54942 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Button Making Supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 05/04/2023	Payee name Notary Public Underwriters
	Amount (\$) \$114.95	Payee address; City; State; Zip Code PO Box 7457 Tallahassee , FL 32314
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Manager will be able to provide Notary Public services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/29/2023	Payee name Office Depot
	Amount (\$) \$159.83	Payee address; City; State; Zip Code 150 N. Crossroads
		Balcones Heights, TX 78201
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

dvertising Expense Event Expense Loan Repayment/Reimbur

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 40/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	02/10/2023	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$194.58	150 N. Crossroads
		Balcones Heights, TX 78201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hard Drive, Supplies
		The street of th
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-1
	Date	Payee name
	03/09/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.05	150 N. Crossroads
		Balcones Heights, TX 78201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y
	Date	Payso nama
	04/09/2023	Payee name Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.92	150 N. Crossroads
	401.02	100 111 0100010000
		Balcones Heights, TX 78201
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 41/65 Rpt:	2 FILER NAME Bexar County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00059802	
4	Date 04/13/2023	5 Payee name Office Depot	
6	Amount (\$) \$86.58	7 Payee address; City; State; Zip Code 150 N. Crossroads	
		Balcones Heights, TX 78201	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 03/16/2023	Payee name Panaderia Jimenez	
	Amount (\$) \$99.91	Payee address; City; State; Zip Code 1846 Fredericksburg Rd San Antonio, TX 78201	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food & Beverage for Student Visitation	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 02/19/2023	Payee name Picnikins Cafe	
	Amount (\$) \$289.92	Payee address; City; State; Zip Code 6901 Blanco Road	
		San Antonio, TX 78216	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Volunteer Reception	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica		mmittee	Legal Services		Salaries/W		e /Contract Labor		OTHER (enter a	a category not listed above)	
	Credit Card Payment			The Instruction G	uide explains h	ow to cor	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ī					3	Filer ID	(Ethics Commission Fil	ers)
l	Sch: 42/65 Rpt:		Bexar Coun	ity Democratic F	Party (CEC)					00059802		
4	Date	5	Payee name						<u> </u>			
	03/31/2023		Pride San A	ntonio								
<u>_</u>	Amount (\$)	7			Ctoto:	Zip Coo	40					
ľ	\$155.25	l'	Payee address PO Box 120		Siale,	Zip Coo	Je					
l	Φ155.25		PO BOX 120)103								
l												
L			San Antonio	o, TX 78212								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	the top of this sched	dule)	(b)	Description				
l	OF EXPENDITURE		Event Expe	nse				=			nplete Schedule T.	
l								Pride Parade		officeholder livin	g expense	
								Filue Falaue		шу гее		
Ļ	Operation ONLY if dispert	Ļ	2 11 -1 - t - 10#1	la - lal	0.5	· · · · · · · · · · · · · · · · · · ·	.1.4			O#: I-	-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		Januidate/Offi	ceholder name	Of	ffice souç	ınt			Office h	eiu	
L	·											
	Date		Payee name									
	05/06/2023		Pride San A	ntonio								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
l	\$310.50		PO Box 120)185								
			San Antonio	o, TX 78212								
┝	PURPOSE	(a)	Category	ee Categories listed at t	he top of this school	dula)	(b)	Description				
	OF	 ` ´	Fees	se Calegories listed at t	tie top of this scriet	uuie)	` '	_ `	outsi	de of Texas. Con	nplete Schedule T.	
l	EXPENDITURE							Check if Austin,	, TX,	officeholder livin	g expense	
								Booth Rental	Fe	e for Pride	San Antonio Event	
L												
l	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Of	ffice souç	ght			Office h	eld	
L	expenditure to benefit C/Oi	1										
Г	Date		Payee name									
l	01/23/2023		Progressive	Victory PAC								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Cod	de					
l	\$500.00		1318 E.Edg	ewood St.								
l			Arlington, V	A 22204								
┝	PURPOSE	(a)					(h)	Description				
l	OF	(")	PAC	ee Categories listed at t	ne top of this sched	dule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
l	EXPENDITURE		17.0					Check if Austin,	, TX,	officeholder livin	g expense	
l								GOTV Canva	asse	er Expense	S	
Γ	Complete ONLY if direct		Candidate/Offi	ceholder name	Of	ffice souç	ght			Office h	eld	
	expenditure to benefit C/OI	- 1										

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gifl/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	04/28/2023	Revenue Assurance
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,745.10	PO Box 4883
		Covington, LA 70434
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense For "Get Thru" Dialer
		To Get The Blater
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/01/2023	Revenue Assurance
H	Amount (\$)	Payee address; City; State; Zip Code
	\$6,200.00	PO Box 4883
		Covington, LA 70434
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		for Get Thru Dialer
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/30/2023	SAWS
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.66	P.O. Box 2990
		San Antonio, TX 78299
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water
		vvaci
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

eimbursement Solicitation/Fundraising Expense
ntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
other (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	03/01/2023	SAWS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.97	P.O. Box 2990
		San Antonio, TX 78299
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitire to beliefit C/O	'
	Date	Payee name
l	03/30/2023	SAWS
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.46	P.O. Box 2990
		San Antonio, TX 78299
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/29/2023	SAWS
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.78	P.O. Box 2990
		San Antonio, TX 78299
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Water
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
l		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	01/03/2023	Sheer Value Properties
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	532 W. Mistletoe Ave.
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Monthly Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Payee name
	02/02/2023	Sheer Value Properties
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	532 W. Mistletoe Ave.
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Monthly Rent
		Monthly Nent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	03/02/2023	Sheer Value Properties
_		·
	Amount (\$)	Payee address; City; State; Zip Code 532 W. Mistletoe Ave.
	\$1,500.00	532 W. MISURIOE AVE.
		San Antonio, TX 78212
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Monthly Rent
		monary rong
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 46/65 Rpt:	2 FILER NAME Bexar County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00059802
Ļ	·	
4	Date	5 Payee name
	04/03/2023	Sheer Value Properties
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	532 W. Mistletoe Ave.
	7-,	
		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly Rent
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٦	expenditure to benefit C/OI	
	Date	Payee name
	05/02/2023	Sheer Value Properties
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	532 W. Mistletoe Ave.
	Ψ1,300.00	332 VV. IVIISHOLOG / IVC.
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly Rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/02/2023	Sheer Value Properties
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	532 W. Mistletoe Ave.
		Com Antonia TV 70040
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Monthly Rent
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
L		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	02/15/2023	Silva, Lina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	9115 Blockade Dr
		San Antonio, TX 78240
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Assistant Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Assistant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/14/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.87	P.O. Box 60074
		City of Industry, CA 91796
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense Cell Phones
		Cell Filones
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
	Date	Payee name
	01/17/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$305.34	P.O. Box 60074
		City of Industry, CA 91796
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Phone / Internet
	Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 48/65 Rpt:	2 FILER NAME Bexar County Democratic Party (CEC) 3 Filer ID (Ethics Commission Filers) 00059802
4	Date 02/14/2023	5 Payee name Spectrum
6	Amount (\$) \$42.00	7 Payee address; City; State; Zip Code P.O. Box 60074 City of Industry, CA 91796
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Cell Phones
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/16/2023	Payee name Spectrum
	Amount (\$) \$305.44	Payee address; City; State; Zip Code P.O. Box 60074 City of Industry, CA 91796
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone / Internet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 03/16/2023	Payee name Spectrum
	Amount (\$) \$314.97	Payee address; City; State; Zip Code P.O. Box 60074 City of Industry, CA 91796
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone / Internet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in District
Travel Out of District
OTHER (enter a contract)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 49/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	03/17/2023	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.00	P.O. Box 60074
		City of Industry, CA 91796
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Cell Phones
		Cell Filones
_	Commission ONII V if alice at	Condidate/Office helder mores Office accepts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	04/14/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.00	P.O. Box 60074
		City of Industry, CA 91796
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cell Phones
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	04/17/2023	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$314.97	P.O. Box 60074
		City of Industry, CA 91796
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Phone / Internet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to betterit 6/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 50/65 Rpt:	Bexar County Democratic Party (CEC)	00059802
4 Date	5 Payee name	<u>.</u>
05/15/2023	Spectrum	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$42.00	P.O. Box 60074	
	City of Industry, CA 91796	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cell Phones
		Cell Filones
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		ought Office field
Date		
05/16/2023	Payee name Spectrum	
	'	Code
Amount (\$)	Payee address; City; State; Zip C	Sode
\$314.97	P.O. Box 60074	
	0, 1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	
	City of Industry, CA 91796	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Phone / Internet
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	H	
Date	Payee name	
06/14/2023	Spectrum	
Amount (\$)	Payee address; City; State; Zip C	Code
\$42.00	P.O. Box 60074	
	City of Industry, CA 91796	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Cell Phones
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
experience to benefit 6/0	··	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1: Sch: 51/65 Rpt:	FILER NAME Bexar County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00059802
4	Date 06/16/2023	5 Payee name Spectrum	
6	Amount (\$) \$314.97	7 Payee address; City; State; Zip CodeP.O. Box 60074City of Industry, CA 91796	
8	PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Phone / Internet
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 04/18/2023	Payee name Square	
	Amount (\$) \$0.67	Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103-1332	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ee of 2.6% per donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 04/19/2023	Payee name Square	
	Amount (\$) \$0.75	Payee address; City; State; Zip Code 1455 Market St.	
		San Francisco, CA 94103-1332	
	PURPOSE OF EXPENDITURE	Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense The of 2.6% per donation
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel in D
Printing Expense Travel Out
Salaries/Wages/Contract Labor OTHER (er

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 7	Fotal pages Schedule F1: Sch: 52/65 Rpt:	2 FILER NAME Bexar County Democratic Party (CEC)	3 Filer ID (Ethics Commission Filers) 00059802
	Date 04/20/2023	5 Payee name Square	
	Amount (\$) \$4.33	7 Payee address; City; State; Zip Code 1455 Market St.	
		San Francisco, CA 94103-1332	
8	PURPOSE OF EXPENDITURE	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense 6 per donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 04/21/2023	Payee name Square	
Å	Amount (\$) \$0.62	Payee address; City; State; Zip Code 1455 Market St. San Francisco, CA 94103-1332	
	PURPOSE OF EXPENDITURE	Check if Aus	el outside of Texas. Complete Schedule T. itin, TX, officeholder living expense 6 per donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 04/24/2023	Payee name Square	
A	Amount (\$) \$1.50	Payee address; City; State; Zip Code 1455 Market St.	
		San Francisco, CA 94103-1332	
	PURPOSE OF EXPENDITURE	Check if Aus	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense 6 per donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 53/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	04/25/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.54	1455 Market St.
		San Francisco, CA 94103-1332
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee of 2.6% per donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/26/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.88	1455 Market St.
		San Francisco, CA 94103-1332
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fee of 2.6% per donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/27/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.24	1455 Market St.
	¥=:= :	
		San Francisco, CA 94103-1332
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fee of 2.6% per donation
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 54/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	04/28/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.88	1455 Market St.
		San Francisco, CA 94103-1332
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fee of 2.6% per donation
_	2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	05/04/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.62	1455 Market St.
		San Francisco, CA 94103-1332
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EX. ENDITORE	Check if Austin, TX, officeholder living expense
		Fee of 2.6% per donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	
	Date	Payee name
	05/10/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.75	1455 Market St.
		San Francisco, CA 94103-1332
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee of 2.6% per donation
		1 CC OI 2.070 per donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission	n Filers)
Sch: 55/65 Rpt:	Bexar County Democratic Party (CEC)		00059802	
4 Date	5 Payee name		•	
05/11/2023	Square			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$0.72	1455 Market St.			
	San Francisco, CA 94103-1332			
8 PURPOSE		(h) p		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description	l outside of Texas. Complete Schedule T.	
EXPENDITURE	Fees	_	n, TX, officeholder living expense	
		Fee of 2.6%	per donation	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held	
expenditure to benefit C/O	Н			
Date	Payee name			
05/12/2023	Square			
Amount (\$)	Payee address; City; State; Zip Co			
\$0.23	1455 Market St.	Jac		
Ψ0.23	1400 Market St.			
	Car Francisco - CA 04100 1000			
	San Francisco, CA 94103-1332			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
			per donation	
			•	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught	Office held	
expenditure to benefit C/O		3		
 Date	Payee name			
05/18/2023	Payee name Square			
	·			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$0.49	1455 Market St.			
	San Francisco, CA 94103-1332			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		l outside of Texas. Complete Schedule T.	
			n, TX, officeholder living expense	
		Fee 01 2.6%	per donation	
Operation Children	One distance (Office Includes a		Office held	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ıgnt	Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 56/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	05/25/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.33	1455 Market St.
		San Francisco, CA 94103-1332
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee of 2.6% per donation
		1 00 01 <u>2.0</u> 70 por domaion
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
_	Date	Para care
	05/26/2023	Payee name
		Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.70	1455 Market St.
		San Francisco, CA 94103-1332
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee of 2.6% per donation
		r de di 2.0% per donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D .	
	Date	Payee name
	05/30/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.10	1455 Market St.
		San Francisco, CA 94103-1332
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Fee of 2.6% per donation
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
-	Total pages Cabadula 54:		-)				
	Total pages Schedule F1:) 				
	Sch: 57/65 Rpt:	Bexar County Democratic Party (CEC) 00059802					
4	Date	5 Payee name					
	06/02/2023	Square					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
ا	\$0.11	1 1455 Market St.					
	Ψ0.11						
		San Francisco, CA 94103-1332					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	-AI LINDITUIL	Check if Austin, TX, officeholder living expense					
		Fee of 2.6% per donation					
L							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	H					
H	Date	Payee name					
	06/08/2023	Square					
_							
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1.37	1455 Market St.					
		San Francisco, CA 94103-1332					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Fees Categories instead at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Fee of 2.6% per donation					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	H					
H	Date	Payee name					
	06/22/2023	Payee name Square					
		Square					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$3.45	1455 Market St.					
		San Francisco, CA 94103-1332					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Fees Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Fee of 2.6% per donation					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 58/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	06/26/2023	Square
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.47	1455 Market St.
		San Francisco, CA 94103-1332
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee of 2.6% per donation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beliefit C/Oi	
	Date	Payee name
	06/26/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.23	1455 Market St.
		San Francisco, CA 94103-1332
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee of 2.6% per donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/27/2023	Square
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.69	1455 Market St.
		San Francisco, CA 94103-1332
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fee of 2.6% per donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card F dyment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 59/65 Rpt:	Bexar County Democratic Party (CEC)		00059802	
4 Date	5 Payee name		1	
06/30/2023	Square			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$0.72	1455 Market St.			
	San Francisco, CA 94103-1332			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees		outside of Texas. Comp	lete Schedule T.
EXPENDITURE		. —	n, TX, officeholder living	expense
		Fee of 2.6%	per donation	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office he	ld
Date	Payee name			
04/08/2023	Sticker Mule			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$261.90	336 Forest Ave.			
	Amsterdam, NY 12010			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Solicitation/Fundraising Expense		outside of Texas. Comp	
		Posters & St	n, TX, officeholder living	expense
		1 031013 & 01	iokers	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> Jaht	Office he	ld
expenditure to benefit C/O		.9		
Date	Payee name			
04/19/2023	Sticker Mule			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$178.20	336 Forest Ave.	ouc		
Ψ110.20	Soot ofest twe.			
	Amsterdam, NY 12010			
DUDDOOF		(a)		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel	outside of Texas. Comp	llete Schedule T
EXPENDITURE	Solicitation/Fundraising Expense		n, TX, officeholder living	
		Political Sticl	kers	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office he	ld
expenditure to benefit C/O	H			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	04/28/2023	Sticker Mule
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$145.26	336 Forest Ave.
		Amsterdam, NY 12010
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense
		Political Stickers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
	Date	Payee name
	05/15/2023	Sticker Mule
	Amount (\$)	Payee address; City; State; Zip Code
	\$217.08	336 Forest Ave.
		Amsterdam, NY 12010
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political Stickers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	04/18/2023	Texas Workforce Commission
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.54	101 E 15th St
		Rm 370
		Austin, TX 78778
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Texas Workforce Commission Taxes
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 61/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	04/21/2023	Texas Workforce Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.82	101 E 15th St
		Rm 370
		Austin, TX 78778
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Texas Workforce Commission Taxes
		Texas Worklorde Commission Taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	06/05/2023	Tribute Store
_	Amount (\$)	Payee address; City; State; Zip Code
	\$87.93	2501 Parmenter St.
	ψ01.33	23011 difficility St.
		Middleton, WI 83562
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Sympathy Floral Arrangement
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitire to beliefit C/Of	
	Date	Payee name
	04/09/2023	US Postal Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$252.00	2400 McCullough
		San Antonio, TX 78212
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Postage
		1 ostage
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions' Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor OT				OTHER (enter a category not listed above)			
	Great Gard Layment			The Instruction Gu	iide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers	<i>i</i>)
	Sch: 62/65 Rpt:		Bexar Coun	ty Democratic P	arty (CEC)				00059802		
4	Date	5	Payee name								
	05/18/2023		Uline								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
ľ	\$111.50	ľ	PO Box 887		Otato, 2.p	0000					
	¥221.00										
			Chicago II	60600							
		_	Chicago , IL								
8	PURPOSE OF	(a)		e Categories listed at th		(b)) Description				
	EXPENDITURE		Solicitation/I	Fundraising Exp	ense				ide of Texas. Com , officeholder living		
							Bags for Plas			у олронос	
							3				
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office s	ouaht	 t		Office he	eld	
	expenditure to benefit C/O										
_	Date	Г	Davis a name								_
	06/01/2023		Payee name Walmart								
		L									
	Amount (\$)		Payee addres		State; Zip	Code					
	\$48.58		1603 Vance	Jackson Rd							
			San Antonio	, TX 78213							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b)) Description				
OF EXPENDITURE				nead/Rental Exp			=		ide of Texas. Com		
									, officeholder living	g expense	
							Office Supplie	es			
	Operation ONLY if allowed	L_	0		0#:				Office le	-1.1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			Jandidate/Offic	ceholder name	Office s	ougnt	I		Office he	eia	
		_									
	Date		Payee name								
	01/11/2023		Woodlawn F	Pointe							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$500.00		702 Donalds	son							
			San Antonio	, TX 78201							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne ton of this schedule)	(b)) Description				
	OF EXPENDITURE		Event Exper		,			outsi	ide of Texas. Com	plete Schedule T.	
	EXPENDITORE						_		, officeholder living	g expense	
							Building Rent	tal			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Office s	ought	t		Office he	eld	
	orponancio to pononi Orom										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 63/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	04/30/2023	Wrist Band Bros
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$322.42	190 Exchange St., 2nd Floor
		Pawtucket, RI 02860
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political Lanyards, Wristbands
		Tomasa Language, Missian as
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	01/08/2023	Payee name Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.83	55 Almaden Blvd
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Video & audio Communication Platform
		video a addio communication i fationii
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/08/2023	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.38	55 Almaden Blvd
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Video & Audio Communication Platform
	Complete ONLY if direct	Condidate/Office helder no rec
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/65 Rpt:	Bexar County Democratic Party (CEC) 00059802
4	Date	5 Payee name
	03/08/2023	Zoom
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$87.52	55 Almaden Blvd
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Video & Audio Communication Platform
		video & Addio Communication Flationii
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	04/08/2023	Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.52	55 Almaden Blvd
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Video & Audio Communication Platform
		video & Addio Communication Flationn
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/08/2023	Payee name Zoom
	Amount (\$)	Payee address; City; State; Zip Code
	\$87.52	55 Almaden Blvd
		San Jose, CA 95113
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Video & Audio Communication Platform
		VIGEO & AGGIO COMMUNICATION FIATIONN
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Com	mittee	Legal Services	emorials Expense	Printi Salar		e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed a	above)
1	Total pages Schedule F1: Sch: 65/65 Rpt:	ı			atic Party (C	EC)			3	Filer ID 00059802	(Ethics Commis	ssion Filers)
4	Date 06/09/2023	5	Payee name Zoom		, ,				<u> </u>			
6	Amount (\$) \$87.52	!	Payee addre 55 Almade San Jose,	n Blvd	; S	tate; Zip	Code					
8	PURPOSE OF EXPENDITURE				sted at the top of thi al Expense	is schedule)	(b)		in, TX	ide of Texas. Com , officeholder living Communicati	expense	
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Of	ïceholder na	me	Office	sought			Office he	eld	

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K: Sch: 1/5 Rpt: 170/174
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Bexar County Democratic Party (CEC)	00059802
Date 06/09/2023 5 Name of person from whom amount is received Microsoft 365 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$) \$75.76
Redmond, WA 98052	
	litical contribution returned to filer
Refund	milear contribution returned to mer
Date Name of person from whom amount is received	Amount (\$)
06/12/2023 Microsoft 365	\$8.93
Address of person from whom amount is received; City; State; Zip Code	
Redmond, WA 98052	
Purpose for which amount is received Check if p	litical contribution returned to filer
Refund	
Date Name of person from whom amount is received	Amount (\$)
06/14/2023 Microsoft 365	\$8.93
Address of person from whom amount is received; City; State; Zip Code	
Redmond, WA 98052	
Purpose for which amount is received	olitical contribution returned to filer
Refund	
Date Name of person from whom amount is received	Amount (\$)
06/14/2023 Microsoft 365	\$8.93
Address of person from whom amount is received; City; State; Zip Code	
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Redmond, WA 98052	
<u> </u>	litical contribution returned to filer
Refund	
Date Name of person from whom amount is received	Amount (\$)
06/14/2023 Microsoft 365	\$8.93
Address of person from whom amount is received; City; State; Zip Code	
Dadward WA 00050	
Redmond, WA 98052	
	litical contribution returned to filer
Refund	

SCH	FD	ш	F	k
эсп	ᄆ	UL	. =	•

_							
	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: :/5 Rpt: 171/174	
2	FILER NAME		3	F	iler ID	(Ethics Commission Fi	lers)
	Bexar Count	y Democratic Party (CEC)		0	0059	802	
4	Date	5 Name of person from whom amount is received	<u> </u>			8 Amount (\$)	
	06/14/2023	Microsoft 365				,	\$8.93
		6 Address of person from whom amount is received; City; State; Zip Code					
		• Address of person from whom amount is received, City, State, 21p Code					
		Redmond, WA 98052					
		-	oliti		Loont	ibution roturned to filer	
		Refund	OIILI	lca	i Corili	ribution returned to filer	
_		Returns					
	Date	Name of person from whom amount is received				Amount (\$)	
	06/14/2023	Microsoft 365					\$8.93
		Address of person from whom amount is received; City; State; Zip Code					
		Redmond, WA 98052					
		Purpose for which amount is received Check if p	oliti	ica	I conti	ribution returned to filer	
		Refund					
	Date	Name of person from whom amount is received				Amount (\$)	
	06/14/2023	Microsoft 365				γ πιοσιπ (φ)	\$8.93
	00/2 1/2020						40.00
		Address of person from whom amount is received; City; State; Zip Code					
		Redmond, WA 98052					
			oliti	ica	l conti	I ibution returned to filer	
		Refund	, Onti	iou	i conti	ibation retained to mer	
=							
	Date	Name of person from whom amount is received				Amount (\$)	
	06/14/2023	Microsoft 365					\$8.93
		Address of person from whom amount is received; City; State; Zip Code					
		Redmond, WA 98052					
		Purpose for which amount is received Check if p	oliti	ica	I conti	ribution returned to filer	
		Refund					
_	Date	Name of person from whom amount is received				Amount (\$)	
	06/14/2023	Microsoft 365					\$8.93
		Address of person from whom amount is received; City; State; Zip Code					
		, tau occ et potesti tion al totaliti le received, etty, ettito, <u>e</u> tp esse					
		Redmond, WA 98052					
			oliti	ica	I conti	Iribution returned to filer	
		Refund	Carel	Ju	. 55110		
		Neiuliu					
		Returnu					

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 8/5 Rpt: 172/174	
2	FILER NAME		3	Filer ID	(Ethics Commission	Filers)
	Bexar Count	y Democratic Party (CEC)		00059	`	,
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
-	06/14/2023	Microsoft 365			γ (ψ)	\$8.93
	00/1 // 1010	6 Address of person from whom amount is received; City; State; Zip Code				40.00
		Address of person from whom amount is received, City, State, 21p Code				
		Redmond, WA 98052				
			k if politic	cal contr	<u>I</u> ribution returned to filer	
		Refund	on point	oai oonii	induction rotationed to mor	
_	D-4-	Name of a second from whom a second is a second second			A (A)	
	Date	Name of person from whom amount is received			Amount (\$)	ታ Ω ΩΩ
	06/14/2023	Microsoft 365				\$8.93
		Address of person from whom amount is received; City; State; Zip Code				
		Redmond, WA 98052				
			. 1 . 16 1141	!	ila di sa satura a de fila a	
		Purpose for which amount is received Check Refund	ск іт роііці	cai contr	ribution returned to filer	
		Relatio				
	Date	Name of person from whom amount is received			Amount (\$)	
	05/11/2023	Neil Enterprises				\$295.50
		Address of person from whom amount is received; City; State; Zip Code				
		Croopyillo M/I F 40.42				
		Greenville, WI 54942				
			ck if politi	cal contr	ribution returned to filer	
		Credit on Previous Order				
	Date	Name of person from whom amount is received			Amount (\$)	
	01/31/2023	RBFCU				\$1.93
		Address of person from whom amount is received; City; State; Zip Code				
		Universal City , TX 78148-2097				
		_	ck if politi	cal contr	ribution returned to filer	
		Monthly Dividend				
	Date	Name of person from whom amount is received			Amount (\$)	
	01/31/2023	RBFCU				\$0.16
		Address of person from whom amount is received; City; State; Zip Code				
		Universal City , TX 78148-2097				
		Purpose for which amount is received	ck if politi	cal contr	ribution returned to filer	
		Monthly Dividend				

SCH	FD	ш	F	k
эсп	ᄆ	UL	. =	•

	The Instruction Guide explains how to complete this form.							Total pages Schedule K: Sch: 4/5 Rpt: 173/174			
2	FILER NAME				3	Fi	ler ID	(Ethics Commission Fi	lers)		
	Bexar Count	ty C	Democratic Party (CEC)			0	0059	802			
4	Date 02/28/2023	5	Name of person from whom amount is received RBFCU					8 Amount (\$)	\$1.89		
		6	Address of person from whom amount is received; City; State; Zip Code	;							
		L	Universal City , TX 78148-2097								
		7	Purpose for which amount is received Monthly Dividend	Check if p	oliti	ical	contr	ribution returned to filer			
	Date		Name of person from whom amount is received					Amount (\$)			
	02/28/2023		RBFCU						\$0.14		
			Address of person from whom amount is received; City; State; Zip Code)			•••••				
		L	Universal City , TX 78148-2097								
			Purpose for which amount is received Monthly Dividend	Check if p	oliti	ical	contr	ribution returned to filer			
	Date		Name of person from whom amount is received					Amount (\$)			
	03/31/2023		RBFCU						\$1.97		
			Address of person from whom amount is received; City; State; Zip Code Universal City , TX 78148-2097	•							
			Purpose for which amount is received	Check if p	oliti	ical	contr	ribution returned to filer			
			Monthly Dividend								
	Date		Name of person from whom amount is received					Amount (\$)			
	03/31/2023		RBFCU						\$0.25		
			Address of person from whom amount is received; City; State; Zip Code	9							
			Universal City , TX 78148-2097								
			Purpose for which amount is received Monthly Dividend	Check if p	oliti	ical	contr	ribution returned to filer			
		L	·					1			
	Date		Name of person from whom amount is received					Amount (\$)	Ф1 71		
	04/30/2023	ļ	RBFCU						\$1.71		
			Address of person from whom amount is received; City; State; Zip Code	<u>,</u>							
			Universal City , TX 78148-2097								
			Purpose for which amount is received	Check if p	oliti	ical	contr	ribution returned to filer			
			Monthly Dividend								
							_				

SCHEDULE K

	The Instru	ctio	on Guide explains how to complete this form.	1		pages Schedule K: 5/5 Rpt: 174/174	
2	FILER NAME	_				ID (Ethics Commission Fi	ilers)
	Bexar Count	ty D	Democratic Party (CEC)		000	59802	
4	Date 06/30/2023	ļ	Name of person from whom amount is received RBFCU Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$)	\$1.22
			Universal City , TX 78148-2097				
		7	Purpose for which amount is received Check Dividend	k if politio	cal co	ntribution returned to filer	
	Date	П	Name of person from whom amount is received			Amount (\$)	
	06/30/2023		RBFCU				\$0.01
	00/00/2020	ļ					Ψ0.01
			Address of person from whom amount is received; City; State; Zip Code				
		L	Universal City , TX 78148-2097				
			Purpose for which amount is received	k if polition	cal co	ntribution returned to filer	
			Dividend				
	Date	Ħ	Name of person from whom amount is received			Amount (\$)	
	05/31/2023		RBFCU			(+)	\$0.01
	00,01,1010	ļ					70.02
			Address of person from whom amount is received; City; State; Zip Code				
			Universal City, TX 78148-2097				
		┝	-	le if molitie	201.00	ntribution returned to filer	
			Monthly Dividend	к іі роііці	cai co	ntribution returned to filer	
		<u> </u>	Within Bridgend				
	Date		Name of person from whom amount is received			Amount (\$)	
	05/31/2023		RBFCU				\$1.39
			Address of person from whom amount is received; City; State; Zip Code				
			Universal City , TX 78148-2097				
			Purpose for which amount is received	k if polition	cal co	ntribution returned to filer	
			Monthly Dividend				
	Date	T	Name of person from whom amount is received			Amount (\$)	
	05/04/2023		Wrist Band Bros				\$3.03
		ļ	Address of person from whom amount is received; City; State; Zip Code				
			That is the state of the state				
			Pawtucket, RI 02860				
		H		k if politic	al co	ntribution returned to filer	
			Credit on Previous Purchase	it ii poiitie	oui oo	nanoa de mer	
		<u> </u>					